



Central Ohio Technical College
The Gateway – Student Records
 1179 University Drive, Newark, OH 43055
 Phone: 740-364-9594 ■ Fax: 740-366-9160
 cotcrecords@mail.cotc.edu

Request for Review of Fee Refund and/or Retroactive Withdraw

*Submit this form to The Gateway. The entire form must be complete with attached supporting documentation.
 Incomplete forms will be returned to the student.*

Last Name	First Name	Middle Name	Student ID
Address		City	State Zip
Phone: _____		<input type="checkbox"/> Landline	<input type="checkbox"/> Mobile

This request is for _____ (semester) and _____ (year).

List the course(s) involved in this request:

Course Subject & Number	Course Title

I am requesting my registration for the courses listed above be removed to: _____
(Specify date here)

Explain below why you feel an exception to policy should be approved (attach additional pages if necessary). The circumstances must be extenuating and you must include supporting third-party documentation (ex. doctor's letter, police report, etc.).

I have been advised to consult the Office of Financial Aid about how this request may affect my eligibility.

Student Signature	Date
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Manager of Student Records Comments: _____

Manager of Student Records Signature: _____ Date: _____

Recommend Approval Yes No

Bursar Comments: _____

Bursar Signature: _____ Date: _____

Recommend Approval Yes No

Financial Aid Comments: _____

Financial Aid Signature: _____ Date: _____

Recommend Approval Yes No

Final Approval: Yes No

Dean Signature: _____ Date: _____

Dean Signature: _____ Date: _____

Gateway Use Only: CRI Code RGCREFND added with status of "Not Reviewed"

Records

Processed by: _____ Date: _____