



Special Tuition Refund Policy

Policy

Special prorated tuition refunds will be considered for medical reasons. The medical problem must be serious in nature with verified proof by a medical doctor that the illness exists (or existed) during the semester for which the refund is being requested. The University may request a second opinion.

Procedure

After the regular fund deadline each semester, a special prorated tuition refund may be awarded for medical reasons if:

1. The student requests special refund considerations in writing, explaining the circumstances. The request is directed to the Associate Registrar.
2. The medical condition is serious enough so that the student is under medical doctor's care for three weeks (or one-fifth of a spring/summer session).
3. The medical doctor verifies (on attached form) that the nature of the illness sufficiently disabled the student from meeting his/her academic responsibilities.
4. The Associate Registrar may verify the information with the medical doctor's office.

When these four steps have been completed and it is determined that a special refund is appropriate, the Associate Registrar will set the effective withdrawal date and notify the Controller's Office. The Controller's Office will compute the prorated tuition and process a refund for the student. The decision of the Associate Registrar, and if necessary, to the Dean for Student Affairs who will be the final authority. A "W" grade will be posted on the student's transcript for the course(s) for which a prorated tuition refund was given.

Rationale

The student will be responsible for the cost of instruction up to the point of the medical disability.

Please print or type the following information:

Student/Patient's Name

Student ID Number

Address

City

State

Zip Code

(_____) _____
Telephone Number

Date Submitted

MESSAGE TO PHYSICIAN

Your patient is asking to be considered for special withdrawal and/or refund privileges limited to cases of serious illness. To be eligible for special withdrawal from classes, the student must be under a physician's care and unable to perform academic duties (usually for three weeks in a regular semester or one-fifth of the length of a summer session).

By signing in the space indicated below, you are verifying that it is (or was) medically necessary for the student to discontinue enrollment. It is not necessary to specify the diagnosis. However, if you are recommending that the student withdraw from some, but not all courses, please so indicate in the comment area. Usually, a member of the SVSU Registrar's Office will call your office to verify this transaction.

PHYSICIAN COMMENTS:

Date disability began: _____

Physician's Printed Name

Physician's Signature

Date

Address

City/State

Zip Code

(_____) _____
Telephone Number

Please return form to:
Saginaw Valley State University
Registrar's Office
7400 Bay Road
University Center, MI 48710