Retroactive Cancellation Request Form

Requests must be submitted within the academic calendar year of the current term.

Print Your Name ____________________________ Classification ____________________________

Current Mailing Address ____________________________ Telephone Number/Cell Number ____________________________

City, State, Zip Code ____________________________ E-mail address (Decision will be sent to this e-mail) ____________________________

Students with extenuating circumstances who are or were not able to complete the semester may use this form to request a retroactive cancellation of their tuition/fee charges. Extraordinary cases DO NOT include dissatisfaction with a grade, instructor, content of the course, belated decision to change a major, or lack of knowledge about refund policies.

Return the completed form and documentation to the University Registrar’s Office, Student Services Center, Suite 308, Northwestern State University, Natchitoches, LA 71497. You may also fax the form and documentation to (318) 357-5823.

List the semester and year that you are appealing: Semester/Year: ____________________________

How were your fees paid during the semester? (Check one)

☐ Out of Pocket  ☐ Financial Aid/Scholarships, Exemption

Specify reason(s):

☐ Never Attended  ☐ Medical Hardship  ☐ Death of an Immediate Family Member
☐ National Defense  ☐ Financial Hardship  ☐ Natural Disaster or Traumatic Event
☐ Financial Aid  ☐ Stopped Attending (Last date of attendance) ____________________________

Please read each of the following before you submit your request:

(1) You should include any dated documentation to support your circumstances. The committee will make a decision based upon the specific dates indicated on your documentation.

(2) Requests must be submitted within the academic calendar year of the term being appealed.

(Attach a brief typed-written note if needed -- handwritten notes will not be accepted)

Signature ____________________________ Student ID ____________________________ Date ____________________________

PLEASE NOTE: REQUESTS MUST BE SUBMITTED WITHIN THE ACADEMIC CALENDAR YEAR OF THE CURRENT TERM.

Meeting Dates: ____________________________ Decision: Approved ☐ Denied ☐ Date Decision E-mailed: ____________________________

Decision Based On: ____________________________
STATUTE OF LIMITATIONS:
Requests must be submitted within the academic calendar year of the term being appealed.

Allowable Reasons for submitting the request:

1. **NEVER ATTENDED** – Cancellation of all classes based on documented proof that the student never attended any classes within the academic calendar year of the term being appealed.

2. **NATIONAL DEFENSE** – Cancellation of all classes based on the Board of Regent’s policy. The student must provide a copy of official military orders from his or her commanding officer.

3. **FINANCIAL AID** – Cancellation of all classes based on documented proof that the student’s financial aid was denied or canceled during the first 21 class days. Documentation from the Financial Aid Office will be required.

4. **MEDICAL HARDSHIP** – Cancellation of all classes based on documented proof that the illness/injury caused the student to miss a significant number of days making it difficult to cancel registration by the published deadline. Documentation must be on official stationery from the attending physician stating that the illness or injury rendered the student unable to cancel registration by the published deadline. A hospital bill may also be submitted.

5. **FINANCIAL HARDSHIP** – Cancellation of classes based on documented proof of financial hardship. Documentation may include income tax statements, payroll check stubs, bank statements, social security disability statements, letter from employer, etc.

6. **STOPPED ATTENDING** – Cancellation of all classes based on documented proof that the student stopped attending all classes during the first seven days of classes; one day after the last day to register for classes (fall or spring semester); or the first four days of short sessions less than eight weeks within the academic calendar year of the term being appealed.

7. **DEATH OF AN IMMEDIATE FAMILY MEMBER** – Cancellation of all classes based on death in student’s immediate family that rendered the student incapable to cancel registration by the published deadline. Documentation may include but not limited to the following: hospital bill or letter on official stationery from an attending physician, accident report, death certificate, or obituary.

8. **NATURAL DISASTER OR EXCEPTIONAL TRAUMATIC EVENT** – Cancellation of all classes based on documented proof of the disaster or traumatic event.

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Once the complete request packet has been received in the Office of the Registrar, the University Registrar’s Office will verify attendance information that is on file and consult with other administrative offices (Financial Aid, Veteran’s Affairs, Business Affairs, etc.) as needed. The Office of the Registrar will then prepare all documents for review by the Registration, Credits, and Graduation Council on a designated meeting date.

At the meeting, the Registration, Credits, and Graduation Council members will discuss the request in great detail, and vote to approve or deny the request. If the request is denied, the Registrar reserves the right to ask the Council to reconsider a request only when the appellant provides new or additional information and documentation to support the cause or extenuating circumstances within ten (10) calendar days of the Council’s decision.

The Registrar’s Office prepares minutes of the Council’s approved/denied action for each request and submits them to the Provost and Vice President for Academic Affairs for final approval. After the Provost and Vice President for Academic Affairs signs, dates, and returns the minutes to the University Registrar’s Office, the approved/denied action for each request is processed by the University Registrar’s Office. The student will then be notified via e-mail within ten business days of the decision.