



TUITION AND FEES OFFICE

50 FRIDA KHALO WAY • MUB 130 • SAN FRANCISCO, CA 94112 • 415.239-3522 • FAX 415.239-3060

IMPORTANT REGULATIONS

Title 5 stipulates that a community college district shall refund upon request any enrollment fees paid by a student for program changes made during the first two weeks of instruction for a full term course, or by the 10% point of the length for a short term course (deadline dates are available online at (<https://www.ccsf.edu/Schedule/>)). In addition, a community college district shall not refund or remove outstanding fee balances on any enrollment fee for program changes made after the first two weeks of instruction for a full term course or after the 10% point of the length for a short term course unless the program change is the direct result of action taken by the district to cancel or reschedule a class or to drop a student where he/she fails to meet the course prerequisite. The policy states that students are liable for all fees for full term courses and short-term courses that are dropped after the mandated deadline dates.

There are no provisions in Title 5 that grants a community college district the authority to consider or authorize a retroactive drop for the purposes of avoiding a "W" or to seek an enrollment fee refund unless the district took action to cancel or re-schedule the class in question or to drop a student because he/she fails to meet the prerequisite. These are the only circumstances where a retroactive drop will be authorized.

Extenuating circumstances such as an unexpected serious health condition, accident/emergency, personal/family emergencies, incarceration, and death of a family member are not valid conditions for retroactive drops.

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Student Account Review Form (Appeal of COTOP Submission)

Students may use this form to request a review of their enrollment or account records. This petition should be used to request review of tuition, enrollment and web fees only.

Prior to submission of this form, please review important state regulations on the back of this document to ensure compliance with the requirements for this appeal process.

Students Name (Print):

Student ID:

Semester Units	CRN#	Subject/Course
_____	_____	_____
_____	_____	_____
_____	_____	_____

Students Signature:

Date:

E-mail:

Students who wish to appeal their student account balance must meet at least one of the following exceptions:

Unable to meet the prerequisite (Documentation Required)

Military Withdrawal (Documentation Required)

Institutional Error (Documentation Required)

Submission Checklist - Before submitting this form, make sure you have all required documents:

Completed Student Account Review Form (Required)

Written or typed statement detailing reason for appeal (Required)

Supporting Documentation (Required)

Office use only:	Received by: _____	Date: _____	Reviewed by: _____	Date: _____	
	Approved: _____	Date: _____	Denied: _____	Date: _____	Email/Letter Sent: _____
	_____	_____	_____	_____	_____

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