



# MADISON COLLEGE

## Extenuating Circumstance Appeal

At the time of an Extenuating Circumstance, students are encouraged to work with their instructors to see if arrangements can be made to complete class work. If situations outside of a student's control requires them to drop their classes, the student may apply for a possible partial refund (60%) of tuition.

**If you have already been granted an Extenuating Circumstance, you are not eligible to submit another request. If you drop your classes within the refund period, you will receive the appropriate refund as determined by the WTCS Refund Policy and will not qualify for an additional refund via Extenuating Circumstance.**

### A QUALIFYING EXTENUATING CIRCUMSTANCE WILL BE ONE OF THE FOLLOWING:

- **Death of an immediate family member.** Official death certificate is required.
- **Medical emergency for self or dependent.** Please have the patient's medical provider complete the attached Medical Documentation form.
- **Military obligation with notification received after classes began** that prevented attendance for a significant percentage of class meetings. Signed notification, including the duration of the obligation, is required.
- **Victim to a crime.** Submit police report, letter from social worker, clergy, counselor or doctor.

### THE FOLLOWING ARE NOT GROUNDS FOR AN EXTENUATING CIRCUMSTANCE:

- **Past Due Account Balance** - While the request is being reviewed, students submitting an Extenuating Circumstance are still responsible for past due account balances by the tuition due date.
- **Failure to Drop Classes** - An Extenuating Circumstance can only be granted for classes that were dropped prior to the 90% point.
- **Classes that have been Graded** - Classes in which a student received a grade do not qualify for an Extenuating Circumstance.
- **Non-attendance and/or Poor Academic Progress** - Extenuating Circumstances are for those students who are academically engaged (attended and participated in classes until the Extenuating Circumstance occurred.)
- **Situations that are Academic in Nature** - If the situation is related to coursework and/or instruction, please refer to *Student Conflicts, Complaints and Concerns* at [madisoncollege.edu/student-concerns](http://madisoncollege.edu/student-concerns).
- **Failure to Receive an Invoice** - It is the responsibility of the student to keep contact information current in their myMadisonCollege Student Center. Students must pay tuition and fees by the due date stated on their invoice.
- **Inability to pay/job loss** - Course registration created a financial obligation to Madison College.
- **Transportation Issues** - Students are responsible for transportation to and from class.
- **Military obligation with notification received before classes began** - Students who receive notice of military obligations prior to the start of classes are responsible for making arrangements with faculty or dropping classes before they begin.
- **Incarceration** - Inability to attend due to incarceration does not qualify.
- **Wage/Tax Interceptions** - Past due balances do not qualify.

### POSSIBLE IMPACT RESULTING FROM A GRANTED EXTENUATING CIRCUMSTANCE:

**Financial Aid:** Students who received financial aid and were granted an Extenuating Circumstance may still need to complete the financial aid appeal process. More information can be found at [madisoncollege.edu/appeal-process](http://madisoncollege.edu/appeal-process).

**Veterans Benefits:** If the student is receiving veterans educational benefits, an Extenuating Circumstance refund may result in repayment. Veteran students who have been called to active duty should review additional information at [madisoncollege.edu/military-activation](http://madisoncollege.edu/military-activation).

### INSTRUCTIONS:

An Extenuating Circumstance Application must be submitted by the student before the following deadlines, or the student forfeits the right to apply. For an Extenuating Circumstance that occurred in the:

- Fall: February 15
- Spring: July 31
- Interim or Summer: September 30

**Please allow 60 days to research and process an Extenuating Circumstance application.** Any determinations will be communicated via paper letter to the mailing address provided by the student.

**Submitting an Extenuating Circumstance application does not extend the tuition due date.** Students are responsible for payment of fees owed by the deadline. Past due balances restrict course registration and must be paid in order to register for future classes while the Extenuating Circumstance is reviewed. If granted, a partial refund (60%) will be issued. Once a past due balance has been sent to Collections, the student must work with that agency.

Submit completed packet in one of the following ways:

**In-person (preferred):** Enrollment Services - Truax Campus, Rm. A1000 or any regional or metro campus

**Fax:** (608) 243-4353

**Mail:** Enrollment Services, Madison College, 1701 Wright Street, Madison, WI 53704

**Questions?** For assistance with this form, call Enrollment Services at (608) 246-6210 or visit in-person.



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## Extenuating Circumstance Application

Student academic success is important to us at Madison College. When a student enrolls in classes, they make a commitment to participate and attend classes.

Students are eligible to apply for an Extenuating Circumstance only if the student was attending classes and making satisfactory progress at the time of the unforeseen circumstance. Students who have completed 75% or more of a class should talk to their instructor about getting an Incomplete grade. Refunds are not given if 75% or more of the class has been completed. If you still find it necessary to drop your classes after the refund period but do not qualify for an incomplete, you may apply for an Extenuating Circumstance Appeal for a partial (60%) refund.

As part of this process, students are strongly encouraged to speak with a Madison College counselor to discuss options. Counseling Services can be reached at (608) 246-6076.

### STUDENT INFORMATION

Student ID or Social Security (required) \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address (Street, Apt., City, State, Zip) \_\_\_\_\_

Academic Year \_\_\_\_\_ Term  Fall  Spring/Interim  Summer

Did you receive financial aid for the identified term?  Yes  No

Did you receive veterans benefits for the identified term?  Yes  No

REQUESTS DUE TO MILITARY ACTIVATION ONLY:  
 Please drop the student from the classes below, effective today.

### QUALIFYING CIRCUMSTANCES

Check a box(es) below and attach supporting documentation. If documentation is not submitted and/or does not support your circumstance, your appeal will not be reviewed.

- Death of immediate family member: submit copy of death certificate or obituary. Indicate relationship: \_\_\_\_\_
- Medical emergency for self or dependent: submit the enclosed Medical Documentation Form.
- Military Obligation with notification after classes started: submit signed notification, including duration. Victim to a
- crime: submit police report, letter from social worker, clergy, counselor or doctor.

**Concerns regarding the refund policy** can be expressed at <https://madisoncollege.edu/concerns-complaints>.  
**For billing questions/concerns**, contact Financial Operations at (608) 259-2940 or [Bursar@madisoncollege.edu](mailto:Bursar@madisoncollege.edu).  
**For enrollment questions**, contact Enrollment Services at (608) 246-6210 or [EnrollmentServices@madisoncollege.edu](mailto:EnrollmentServices@madisoncollege.edu).

### CLASS INFORMATION

Class Number (5 digits)	Class Title	Last Date of Attendance	Did you notify the instructor?

*I understand that failure to supply truthful, adequate and complete information on this application or supporting documentation will result in a denial of the request with no further rights to appeal and that all student refunds are made in compliance with Wisconsin College Technical System refund policy.*

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

OR: Power of Attorney Signature\* \_\_\_\_\_ Date \_\_\_\_\_

Power of Attorney Name \_\_\_\_\_

\* Requests from a power of attorney requires legal documentation of possession of power of attorney at the time the request is submitted.

*Truax, Regional & Metro Staff only - Date stamp, initial and email to [intake@madisoncollege.edu](mailto:intake@madisoncollege.edu)*

Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_



# MADISON COLLEGE

## Extenuating Circumstance - Instructor Documentation

**INSTRUCTIONS** - This form is to be completed and submitted by the instructor to document attendance and participation of the student applying for an **Extenuating Circumstance** that may result in a partial refund of their tuition due to circumstances beyond their control. A qualifying Extenuating Circumstance is only for a serious situation that results in the inability of your student to attend classes for an extended period of time, as determined by the inability of the student to work with the instructor to make up work for class work missed.

### STUDENT INFORMATION:

Name \_\_\_\_\_ Student ID \_\_\_\_\_

The instructor on record for: Class Title \_\_\_\_\_ Class Number \_\_\_\_\_

Year \_\_\_\_\_ Term  Fall  Spring  Summer

### INSTRUCTOR INFORMATION:

Last Date of Attendance \_\_\_\_\_

Was the student academically engaged up to the last date of attendance?  Yes  No

If no, did the student discuss with you the contributing reasons why?  Yes  No If yes, please describe:

Did the student discuss the possibility of making up class work with you?  Yes  No

If yes, what was the result of this discussion? Are you willing to give the student an incomplete?  Yes  No

What was the (estimated) grade earned at the time the student stopped attending this class? \_\_\_\_\_

*By submitting, you are attesting that the above information is accurate to the best of your knowledge. You may be contacted for additional information. If the student's request for an Extenuating Circumstance is granted for this class, any letter grade present will be removed.*

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Signature (if not submitting by email) \_\_\_\_\_ Date \_\_\_\_\_

### SUBMISSION INSTRUCTIONS:

Please submit completed form and any additional supporting documentation to Enrollment Services - Truax, by emailing [intake@madisoncollege.edu](mailto:intake@madisoncollege.edu).

**Questions?** For further assistance, contact Enrollment Services at (608) 246-6210 or visit in-person.

*Enrollment Services - Records Use Only:*  
Staff Name \_\_\_\_\_ Staff Title \_\_\_\_\_ Date Processed \_\_\_\_\_



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## Extenuating Circumstance - Medical Documentation

To be completed and signed by a licensed healthcare professional who diagnosed and treated the patient. For assistance, contact Enrollment Services at (608) 246-6210.

### INSTRUCTIONS

Your patient (or patient's guardian) is a student of Madison Area Technical College who is applying for an Extenuating Circumstance that may result in a partial refund of their tuition due to circumstances beyond their control.

A qualifying Extenuating Circumstance is only for a medical emergency that resulted in the patient being advised not to attend school for an extended amount of time.

Please fax completed form to Enrollment Services at (608) 243-4353.

### STUDENT INFORMATION

Name \_\_\_\_\_ Student ID or Social Security Number \_\_\_\_\_

Is the student the patient of guardian of the patient?  Patient  Guardian

If guardian, please state relationship to student: \_\_\_\_\_

### HEALTHCARE PROVIDER INFORMATION

Date of initial appointment: \_\_\_\_\_ Date of initial diagnosis: \_\_\_\_\_

Dates of follow-up appointments: \_\_\_\_\_

Was the patient admitted into the hospital?  Yes  No If yes, give dates: \_\_\_\_\_

Was the patient (if student) advised not to work?  Yes  No If yes, give dates: \_\_\_\_\_

Was the patient (if student) advised not to attend school?  Yes  No If yes, give dates **(REQUIRED)**: \_\_\_\_\_

If no, did the student's medical condition reasonably prevent him or her from attending class and/or completing coursework for an extended period of time?  Yes  No

Is the patient able to return to school?  Yes  No

What was the diagnosis and what impact did it have on his or her ability to carry out their job responsibilities or school work? For pre-existing conditions, please describe the changes that occurred within the term which prevented class attendance.

Was the patient following all recommended course of treatments?  Yes  No If no, please describe:

### SIGNATURE & AGREEMENT

*By signing below, you are attesting that the patient was seeking and receiving the proper care, following the proper protocol and medical provider's orders, and was in no way able to attend and/or participate in classes during the duration noted above. You may be contacted for additional information.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Organization \_\_\_\_\_ Phone Number \_\_\_\_\_

*Truax, Regional & Metro Staff only - Date stamp, initial and email to intake@madisoncollege.edu*

Date Received \_\_\_\_\_ Staff Initials \_\_\_\_\_