

REQUEST FOR SELF-EMPLOYED INFORMATION

Student Name: _____ Date: _____

STUDENT: As a self-employed student requesting a tuition refund for the _____, _____ term,
Year Semester

Student Number: _____

Company Name

Company Address

City, State and Zip Code

(Area Code) Phone Number

*Note: This form is to be used as a guideline to help the student with documentation of an Exception to Tuition Policy. The Tuition Appeals Committee reserves the right to ask for additional information from the student so a fair decision can be made. You **must** provide the information outlined below on your business letterhead.

GUIDELINES FOR THE SELF-EMPLOYED STUDENT **CHANGES IN EMPLOYMENT CIRCUMSTANCES** **BEYOND THE STUDENT'S CONTROL.**

The student's reasons for dropping or withdrawing courses must be beyond the student's control and must have prevented the student from attending registered courses during the term for which a refund is being requested.

The student should provide additional information only if the responses to the questions below do not give a complete accounting of reason(s) for requesting a tuition refund. For the sake of clarification be sure to provide information in chronological order.

IMPORTANT: Please type or word process all information submitted in support of your petition.

The student **must** submit Tuition Petition support letters on business letterhead. The letters **must** be typed and must include the following information.

1. What was your work schedule prior to the changes taking place?
2. Give a date as to when you became aware of the change(s) taking place and the date as to when the work schedule changed?
3. What were the reasons for the change(s) taking place and the date as to when the work schedule changed?
(*If memorandums were written, please provide a copy of the memorandum)
(*If contracts were changed, explain and provide copies)
(*If subcontractors defaulted, explain and provide letters of support)
4. What is the beginning date and ending date of the new work schedule?
5. What are the work days and work hours of the new work schedule?
6. If applicable, give reasons for changes in your work location, identify the new work location, and date of the change in work location. (If contracts and/or agreements changed, explain)
7. What choices did you have in making or accepting the necessary changes?

Signature

All information requested must be provided. If any of the above information is excluded, your Petition will be rendered incomplete and you will be denied a refund. **All responses must be submitted in either typewritten or word-processed format.** Handwritten responses will not be accepted. Should you have any questions on any of the information being requested, please feel free to contact the office at (303) 556-2324. The fax number is (303) 556-4829.

Self-Empl

6/30/03