

Adams Campus
 401 North Main Street
 Adams, WI 53910

Marshfield Campus
 2600 West Fifth Street
 Marshfield, WI 54449

Stevens Point Campus
 1001 Centerpoint Drive
 Stevens Point, WI 54481

Wisconsin Rapids Campus
 500 32nd Street North
 Wisconsin Rapids, WI 54494

Phone: 715.422.5300 Toll-free: 888.575.6782 Fax: 715.422.5561 Web: mstc.edu

As a student, you are responsible for charges and payments to your account. In extenuating circumstances a student may be eligible for a refund of tuition and fees paid to Mid-State or a reduction in outstanding charges outside of the refund schedule determined by the Wisconsin Technical College System. To view the WTCS refund schedule go to mstc.edu/registration-and-records/payment-and-refund-policies.

Extenuating circumstances may include the following:

- Death of a family member
- Medical emergency which results in the inability to attend class. A signed letter from the medical professional including dates and or dates of admission to hospital is required.
- An unavoidable change in the student's conditions of employment. Documentation required.
- Active military service, including active duty for training. Deployment papers required.
- For any other extenuating circumstances, attach documentation which supports your appeals request. **The College reserves the right to request additional documentation.

The Student Account Appeals Process must be initiated within 30 days of the end of the term in which the student is appealing charges. To file an appeal this form must be completed by the student with all supporting documentation attached and submitted:

- In person: Any Mid-State Campus Office
- Mail: Student Records Office, Mid-State Technical College, 500 32nd Street North, Wisconsin Rapids, WI 54494
- Email: studentrecords@mstc.edu
- Fax: 715.422.5561, Attention: Student Records

Your appeal will be reviewed by the Student Account Appeals Committee. If you are unsatisfied with the committee's decision, a further appeal may be filed with the Office of Student Services. Appeals are reviewed weekly. You will receive written notification within two weeks following the appeals meeting.

STUDENT INFORMATION:			
Name (please print):		Student ID:	
Current Address:		City:	State: Zip:
Home Phone:		Cell Phone:	
Which academic semester/year are you appealing charges?			
If you are seeking a refund, did you receive Financial Aid for that semester/year? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please be aware that a tuition refund may result in repayment of part or all of the financial aid funds paid to you.)			

Please indicate class title and class # for the class(es) in question.	

Student Name (print):	Student ID:
Signature:	Date:
Name if filling out on behalf of student:	Relationship to student:
Please explain extenuating circumstances:	

Please turn to backside to explain your appeal. Attach all supporting documents to this form.

