

## APPENDIX 9

### REQUEST FOR TUITION REFUND

#### INSTRUCTIONS FOR COMPLETING THE APPENDIX 9:

Student completes the top portion including the following information:

1. Student's I. D. number
2. Student's last name, first name, middle initial
3. Student's complete home address
4. Reason for requesting tuition refund
5. Student's signature

Student forwards completed Appendix 9 to the school's regional assistant principal, program supervisor or respective designee for approval.

If refund request is justified, regional assistant principal, program supervisor or respective designee signs in the "Supervisor Signature" section and records the current date.

If approved, Appendix 9 is forwarded to the school business office for further processing. If not approved, Appendix 9 is returned to the student with justification for the denial of the tuition refund.

School business office records the following information:

1. Course number and course title
2. Section, term and day
3. Amount to be refunded
4. Remainder of the department coding
5. Remainder of the program code
6. Original receipt number
7. Name of staff member processing Appendix 9 (Processed by:)
8. Processing date

Completed Appendix 9 is then forwarded to

**State Department of Education  
165 Capitol Avenue  
Room 309  
Hartford, CT 06106**

The Payments Unit then issues a state invoice utilizing the CORE-CT system and transmits the invoice to the State Comptroller for state check payable to the student.

**APPENDIX 9**

CONNECTICUT STATE DEPARTMENT OF EDUCATION  
Connecticut Technical High School System  
Middletown

**ADULT EDUCATION  
REQUEST FOR TUITION REFUND**

STUDENT IDENTIFICATION NUMBER: \_\_\_\_\_

\*LAST NAME: \_\_\_\_\_ \*FIRST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

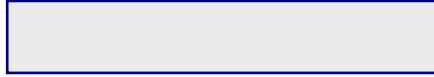
\*STREET ADDRESS: \_\_\_\_\_ \*Apt. No. \_\_\_\_\_ \*P.O. Box \_\_\_\_\_

\*TOWN: \_\_\_\_\_ \*STATE: \_\_\_\_\_ \*ZIP CODE: \_\_\_\_\_

\*REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*SIGNATURE: \_\_\_\_\_

To be completed by CTHSS  
COURSES REFUNDED



Course	Course Title	Section	Term	Day	Amount
Total Refund					

Complete dept and program Coding:

21003 40001 43512 \*SDE\_\_\_\_\_ \*84\_\_\_\_\_ SDE\_6  
fund spid exp. acct dept. program project

\* SUPERVISOR SIGNATURE: \_\_\_\_\_ \*DATE: \_\_\_\_\_

\*BUSINESS MANAGER SIGNATURE: \_\_\_\_\_ \*DATE: \_\_\_\_\_

\*RECEIPT # \_\_\_\_\_ \*PROCESSED BY: \_\_\_\_\_ \*DATE: \_\_\_\_\_

\*MANDATORY FIELDS

**Forward to State Department of Education, 165 Capitol Avenue, Room 309, Hartford, CT 06106**

Updated on 9/12/08