6004 S County Rd G • P.O. Box 5009 • Janesville, WI 53547-5009 (608) 757-7660 • fax (608) 743-4407 • registration@blackhawk.edu

Request for Exception to Refund Policy Student Services

PLEASE PRINT

REQUIRED INFORMATION		
Student Name	BTC Student ID Number	Phone Number
Course Name(s)	CRN(s)	Semester & Year
To be considered for a refund, this form must be receive	d in the Registrar's Office	e no later than two weeks prior
to the semester end date to which the request applies. A		
Credit Course Schedule, tuition and fee refunds are issued to		
withdrawal, which is determined by the date the student form		
the Add/Drop Request Form. Failure to attend classes does r		
on the BTC website and Student Handbook. It is the student's	s responsibility to be aware	e of these dates.
REASON FOR REQUEST		
Requests based on the medical condition of a student must in		
physician's letterhead confirming reason and dates student w		
the Death Certificate or obituary must be attached. Requests		
or jail, on their letterhead, stating the dates of incarceration. Find necessary documentation.	Please complete the form a	ina submit with copies of
necessary documentation.		
Student Signature		_ Date
	E USE ONLY	
Please review, check the app	propriate box and sign bein	0W.
☐ Approved for 100% ☐ Approved for 80% to	otal refund	or 60% total refund
☐ Request is denied (A copy of this form will be maile		
Dominton		d Managar
Registrar	Financial Ai	u wanager
Director of Str	udent Services	
Director of Otalicit Oct vices		

Last Revised: 6/24/2021