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.
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

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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