INSTRUCTIONS FOR THE APPLICATION FOR A WAIVER OF CHARGES

Please Carefully Read All Instructions before Completing the Application

❒ ***Applications must be submitted and signed <u>by the student</u>.*** Applications made "on behalf of" a student will not be reviewed unless verifiable documentation is submitted that clearly explains the student's inability to submit their own application. Next of kin may file an application for a deceased student.

❒ ***Applications will <u>not</u> be accepted for reasons including, but not limited to:***

- Student lack of knowledge / understanding or failure to follow applicable college policies, dates and deadlines published in the College Catalog, registration publications and online at www.sunyocc.edu;
- Class non-attendance or dismissal for academic or disciplinary reasons;
- Textbook or computer difficulties;
- Student dissatisfaction with course(s), faculty, grade(s), class location(s), or classroom setup;
- Student misinterpretation of academic advisement;
- Failure to meet published registration and payment dates and deadlines;
- Arrest or incarceration;
- Student registering for incorrect or unnecessary course(s). (*It is the student's responsibility to verify accuracy of course prerequisites or required courses, course schedules, required texts or other supplies, course content and appropriateness of course level, catalog requirements and registration.)*

❒ ***Applications <u>are</u> reviewed for:***

- Death of student or immediate legal family member
- Students called to active military duty
- Medical incapacitation
- Verifiable emergency situations/circumstances beyond the control of the student causing undue hardship

❒ ***Applications are submitted to:*** **Office of Student Development**
Attention: Assistant to the AVP of Student Development
4585 West Seneca Turnpike, Syracuse, NY 13215
Office telephone: (315) 498-2228 / Fax: (315) 498-2107

<u>Applications must:</u>

❒ ***Include verifiable documentation of your circumstance such as:***

a. Copies of documentation Onondaga provided/sent to you; registration or financial aid paperwork.
b. Court papers; police/accident reports.
c. Copies of obituaries/death certificates.
d. Email or other correspondence to and from Onondaga employees.
e. Letters of support from an Onondaga advisor or employee; community agency.
f. Medical documentation *which includes the dates of treatment or hospitalization and the date the physician recommended a withdrawal from the class/semester (your diagnosis is not required).*
g. Military orders.

❒ ***Include a detailed written narrative of your circumstance.***

❒ ***Be for courses that are withdrawn (dropped) with a grade of "W" on the official transcript.***

To request a late withdrawal, complete a Petition to Waive the Academic Rule from Student Central (315) 498-2000. Petitions to waive an academic rule are only considered when extenuating circumstances made it impossible for the student to be able to withdraw by the published deadline. Documentation of verifiable extenuating circumstance must be attached to the petition at the time of submission. An extenuating circumstance is defined as an accident, serious illness, or other unusual or emergency situation that is beyond the control of the student. Submission of the petition does not constitute a guarantee of approval. Petitions with insufficient information, explanation or documentation will be denied.

<u>Deadlines</u> *(applications received after the deadline will be denied)*

- **Fall semesters/Fall late start sessions** **received by February 15 of the following year**
- **Winter session** **received by March 15 of the same year**
- **Spring semesters/Spring late start sessions** **received by July 15 of the same year**
- **All Summer sessions** **received by September 15 of the same year**

PLEASE NOTE: Do not use this application for a medical leave of absence OR to appeal on-campus housing costs.
Use the ***<u>Application for Medical Leave of Absence</u>*** to request a medical leave; available online, at Student Central, or by calling (315) 498-2119.
Use the ***<u>Housing Appeal Form</u>*** to request a waiver of charges for on-campus housing costs; available by calling Residence Life at (315) 498-2351.

Application for a WAIVER of CHARGES

Please: ***Read the Instructions on the Reverse Side***

1. Student's Name_____ OCC ID#_____

2. Student's Mailing Address_____

Street **City** **Zip**

3. Do you live in the Residence Halls? Yes ☐ No ☐ Email Address_____

4. Telephone: ( )_____ May we leave a message at this phone number? ❒ Yes ❒ No

5. **My application is for (CIRCLE ONE): FALL / WINTER / SPRING / SUMMER for the year _____.**

Approximate date I last attended *any* class(es) (mm/dd/yyyy)_____.

Check the box only if I am withdrawing from ALL COURSES for the semester ❒

I have withdrawn my courses: ❒ Yes ❒ No

Complete this section if you are not withdrawing from all of your courses and your application is only for specific courses

Course #	Section #	Title	Course #	Section #	Title
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. **Financial Status (check all that apply).**

I was granted: ❒ Smart Card transfer(s) ❒ a Bookstore Line of Credit ❒ an Emergency Loan ❒ Financial Aid Refund(s)

❒ I have a balance due on my account in the approximate amount of $_____

7. **Explanation.** *Use additional paper if necessary and be sure to include any documentation that verifies your circumstances.*

My reason for not attending or completing courses: _____

_____

_____

_____

8. Onondaga Community College may discuss my application with the following person(s) listed (parent, spouse, doctor, etc.). ***Please list each person and their relationship to you here:***

_____

9. My signature below indicates that I am the student enrolled at Onondaga Community College and that all information included with this application is true to the best of my knowledge. If person(s) is/are listed in Section 8, my signature also provides permission for Onondaga Community College to discuss the circumstances of this application with them. Completion of this application also provides permission for my application and supporting materials to be shared with other Onondaga employees, if deemed necessary (need-to-know), to render an equitable decision.

STUDENT'S SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY: