



RED ROCKS COMMUNITY COLLEGE
Collection Appeal Application

Please carefully read this entire form before submitting it to the Cashier's Office.

Note:

- The tuition appeal process is not intended for:
 - Bookstore charges
 - Balances due to the return of Financial Aid
 - Collection Fees.
- Students that have applied for a Tuition Credit with Enrollment Services are not eligible to file a Collection Appeal.

Last Name: _____ First Name: _____ Student ID# _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Day Phone: _____ Alt Phone: _____

Appeal term: fall spring summer Year _____

Please READ and Initial your acknowledgement to each of the statements below:

	Along with this appeal form, I must include: 1) A typed statement which details my circumstance and how it prevented me from completing my course, dropping by the published deadline, or not paying by the due date. 2) Documentation that supports my appeal. Supporting documentation may include, but is not limited to: doctor's note, death/funeral notices, police report, etc. and must be included with my appeal in order to be considered. I understand that I will not be able to add materials to my appeal after it has been submitted.
	I understand that if my appeal is approved that my outstanding balance will be forgiven but my classes will not be dropped and the current grades will stand.
	I understand this is not a financial aid appeal.
	I understand that an approval of this petition may adversely affect my future Financial Aid, Veterans Administration (VA) benefits, or Third Party Payers benefits.
	I understand that my account currently has been referred to an agent of the College for further collection action and this appeal will not cease any current collection activity on my account or remove any associated collection fees.
	I understand this delinquency has been placed with a collection agency, it may be reported, or has been reported to National Credit Bureaus and my Colorado State Tax refund may be used or has been used to pay all or a portion of my past due balance.
	I understand and acknowledge that I am responsible for all outstanding tuition and fees charged to my student account should this appeal be denied and must pay the balance in full in order to register or request a transcript.
	The email address provided above is correct. I understand I will be contacted at this e-mail address when the appeals committee has reached a decision.

My signature certifies that the information provided is a true and accurate representation of my situation and that I have read this form and understand its contents. I will not be able to register for additional courses within the Colorado Community College System, receive a transcript, or receive a diploma, as long as there is a balance on my account.

*A committee reviews appeals. **It could take up to 90 days before you are notified of the committee's decision.** Please wait to be notified by email of the decision, because until a decision has been reached, no additional information is available. The decision of the Appeals Committee is FINAL and no further appeal is possible.*

Student Signature: _____ Date: _____

Submit this application along with all supporting documentation to the Cashier's Department, Red Rocks Community College, 13300 West Sixth Avenue, Box 2, Lakewood, CO 80228; or you may submit by fax to: 303-984-4831; or you may submit by Email to: cashiers.office@rrcc.edu