

Petition for Policy Exception (PPE)

Tuition, Fees, Drop, and/or Withdrawal

1. Instructions

SOUTH PUGET SOUND COMMUNITY COLLEGE PETITION FOR POLICY EXCEPTION

1. The Petition for Policy Exception (PPE) is a formal request for an exception to a published College policy. It can be approved only when the circumstance for the request is due to illness, death of an immediate family member, military service, hardship, or when there is documented evidence of institutional error (see page two for detailed exception categories).
2. The PPE will only be considered if the request is accompanied by appropriate documentation to support the circumstance. It is the **student's responsibility** to follow the PPE procedure guidelines to:
 - a) communicate clearly and legibly in a personal statement stating the grounds for the petition [page 3];
 - b) provide the appropriate documentation (if this is the result of a medical condition, you must include the **Healthcare Provider Verification Form** [page 5] in addition to any other documentation required) and;
 - c) submit the PPE no later than the last day of the quarter that immediately follows the quarter in question.
3. A response will be issued via your SPSCC student email address within ten (10) instructional days. Therefore, students must have an established SPSCC student email account before submitting the petition.
4. The tuition refund policy of South Puget Sound Community College is established by the Board of Trustees and developed from the Washington State RCW 28B.15.605 and RCW 28B.10.270. It is available on the College's website at <https://spscc.edu/policy/prstsv227>, and it is printed in the college catalog.
5. Refunds for financial aid recipients are calculated according to financial aid regulations. *An approved PPE may not eliminate all financial aid debt.* Please consult with the Student Financial Aid Office for additional information.

2. Student Information

Student Name			SID Number		
Street or Mailing Address		Apt	City	State	Zip Code
SPSCC Email Address (required)			Phone Number		
For what quarter and year are you requesting an exception?			What class or classes were affected?		Last Date of Attendance
Quarter		Year			
Have you previously been granted an exception to policy or refund?			If you have previously received an exception, indicate when below.		
<input type="checkbox"/> Yes <input type="checkbox"/> No			Quarter		Year
By my signature below, I attest that I have read all of the information on this page and that I understand my responsibilities to comply with the policy and procedures outlined therein with respect to the processing of this petition for policy exception.					
Signature			Date		

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3. Exception Categories	
Below are the types of exceptions the college may consider. Please CHECK THE BOX next to the category most appropriate for your circumstance and PROVIDE the documentation specified in the exception requirements:	
<input type="checkbox"/> Medical	<p>Incapacitating injury or illness to yourself or of an immediate family member.</p> <p>Exception Requirements: A healthcare provider must complete the Healthcare Provider Verification Form (included on page five in this packet), and the form will be considered complete if it explicitly describes your condition, if it includes the recuperation timeline, and if it explicitly addresses the ways in which the illness impacted your ability to perform normal academic tasks. Incomplete forms may result in the denial of your PPE. No medical records will be accepted.</p>
<input type="checkbox"/> Death	<p>A death of an immediate family member.</p> <p>Exception Requirements: Death in the immediate family must be verified by an obituary notice, a memorial folder, or any other documentation showing your relationship to the deceased individual.</p>
<input type="checkbox"/> Military Services	<p>Orders to report for active duty (duration of deployment must be for more than thirty (30) days)</p> <p>Exception Requirements: A copy of written military orders must be submitted.</p>
<input type="checkbox"/> Hardship	<p>A significant and unanticipated personal emergency/circumstance beyond the control of the petitioner.</p> <p>Exception Requirements: Documentation specifying the date of the personal emergency or circumstance with sufficient details to support the PPE.</p>
<input type="checkbox"/> Administrative Error	<p>For fees and tuition forfeitures that are incurred as a result of an administrative error.</p> <p>Exception Requirements: A detailed statement of the error or mistake you believe was made and, if possible, the specific individuals involved. The Registrar will research your assertion.</p>
4. Remedy Sought	
I am submitting the PPE and requesting the following (more than one may be requested):	
<input type="checkbox"/> Drop after the 10th day deadline (<i>deletion of courses from the transcript</i>) <input type="checkbox"/> Withdrawal after the 40th day deadline <input type="checkbox"/> Change from credit to an audit after the 10th day deadline <input type="checkbox"/> Tuition reimbursement (<u>available only for: medical, military services, or administrative error</u>) <ul style="list-style-type: none"> <input type="checkbox"/> 100% <input type="checkbox"/> 40% 	

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6. Student Acknowledgement

By signing this document, I certify that the information I am providing on this form and on any supporting documentation is true and accurate to the best of my knowledge¹. I understand that if the documentation submitted with this PPE is incomplete or lacks relevancy, my PPE will be denied. Further, I understand that all decisions are final.

Student Signature	Date

¹Submission of falsified information or misrepresentations of fact are a violation of the SPSCC *Code of Student Rights and Responsibilities* document (WAC 132X-60-090) and may be cause for disciplinary action.

If your request is due to medical reasons, you must include the Healthcare Provider Verification Form (page 5) with your PPE.

7. Submission Location

SUBMISSION LOCATION

This PPE can be submitted in person or by mail to the following address. PPEs will not be accepted via fax.

Enrollment Services
South Puget Sound Community College
2011 Mottman Road SW
Olympia, WA 98512-6292

PPE forms may be scanned and emailed to enroll@spscc.edu, but will ONLY be accepted if they are sent from the student's @spscc.edu email address. Submissions from personal/business email addresses will not be accepted.

THIS SECTION BELOW IS FOR OFFICE USE ONLY

Registrar's Action

Drop after the 10 th day	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Withdrawal after the 40 th day	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Change from credit to audit after the 10 th day	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Tuition refund	100 %	40% 0%

Comments:

Registrar's Signature	Date

Financial Aid Staff Signature	FA %	Date

Petition for Policy Exception (PPE) Healthcare Provider Verification Form

Student Information (to be completed by the student)

Name of Student	SPSCC SID Number	Signature of Student	Date

Patient Consent for Release of Medical Records (to be completed by the patient)

By my signature below, I authorize my healthcare provider to release any and all information to South Puget Sound Community College concerning my physical or mental condition as it relates to a petition for policy exception filed by me or my family member.

Printed Name of Patient	Signature of Patient	Date
Printed Name of Parent or Guardian (if patient under 18)	Signature of Parent or Guardian (if patient under 18)	Date

Healthcare Provider Verification

<p>INSTRUCTIONS FOR THE HEALTHCARE PROVIDER:</p> <p>In order to consider a petition for policy exception, South Puget Sound Community College requires documentation from a licensed healthcare provider verifying a current condition that prevents the student from attending South Puget Sound Community College during a specified year and quarter. Please provide the requested information along with a business card or piece of letterhead after the patient has completed the release consent at the top of this form.</p> <p>RETURN THIS COMPLETED FORM TO:</p> <p>South Puget Sound Community College Enrollment Services 2011 Mottman Road SW Olympia, WA 98512-6292</p>	Name of Patient				
	Please describe the patient's condition.				
	Please indicate the anticipated recuperation timeline or indicate the chronic nature of the patient's condition.				
	Please describe the impact of the patient's condition on his/her ability to perform normal tasks.				
	Date of First Exam				
	Date of Onset of Condition				
	Date of Significant Change in Condition				
	Date of Last Exam				
	By my signature below, I certify that the information contained in this form is true and accurate.				
	Signature of Healthcare Provider			Date	
Printed Name of Healthcare Provider		Medical Practice, Hospital, or Clinical Affiliation		Phone Number	