

# SAGINAW VALLEY STATE UNIVERSITY

## SPECIAL TUITION REFUND POLICY

### Policy

Special prorated tuition refunds will be considered for medical reasons. The medical problem must be serious in nature with verified proof by a medical doctor that illness exists (or existed) during the semester for which the refund is being requested. The University reserves the right to pursue a second medical opinion.

### Procedure

After the regular refund deadline each semester, a special prorated tuition refund may be awarded for medical reasons if:

1. The student requests special refund considerations in writing, explaining the circumstances. This request must be directed to the Associate Registrar who is also the Chair of the Medical Withdrawal Committee.
2. The medical condition is serious enough so that the student is under a medical doctor's care for three weeks (or on-fifth of a spring or summer session).
3. The medical doctor verifies (on the attached form) that the nature of the illness sufficiently disabled the student from meeting his/her academic responsibilities.
4. On behalf of the Medical Withdrawal Committee, the Associate Registrar reserves the right to verify the information with the medical doctor's office.

When these four steps have been completed and the Committee determines that a special tuition refund is appropriate, the Associate Registrar will set the effective withdrawal date and notify the Controller's Office for the will computation of the prorated refund for the student. The Committee's decision may be appealed to the Registrar who, after receiving input from the Director of Financial Services and the Associate Provost, will issue a final decision in the case. A "W" grade will be posted on the student's transcript for the course(s) for which the special prorated tuition refund was given.

### Rationale

The student will be responsible for the cost of instruction up to the point of medical disability.

# SAGINAW VALLEY STATE UNIVERSITY

## PHYSICIAN VERIFICATION FORM

Please print or type the following information:

\_\_\_\_\_   
Date Submitted

\_\_\_\_\_   
Student's/Patient's Name

\_\_\_\_\_   
Student Number

\_\_\_\_\_   
Student's/Patient's Email

\_\_\_\_\_   
Student's/Patient's Phone Number

\_\_\_\_\_   
Address:

Street

\_\_\_\_\_   
City

\_\_\_\_\_   
State

\_\_\_\_\_   
Zip Code

### MESSAGE TO PHYSICIAN:

Your patient is asking to be considered for special withdrawal and/or tuition refund privileges limited to cases of serious illness. To be eligible for special withdrawal from classes, the student must be under a physician's care and unable to perform academic duties (usually for three weeks in a regular semester or one-fifth of the length of a summer session).

By signing in the space indicated below, you are verifying that it is (or was) medically necessary for the student to discontinue enrollment at the university. It is not necessary to specify the diagnosis. However, if you are recommending that the student withdraw from some, but not all classes, please so indicate in the comment area. Usually, a representative of the SVSU Office of the Registrar will call your office to verify this transaction.

### PHYSICIAN'S COMMENTS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Disability Began: \_\_\_\_\_

\_\_\_\_\_   
Physician's Printed Name

\_\_\_\_\_   
Physician's Signature

\_\_\_\_\_   
Date

\_\_\_\_\_   
Office Address: Street

\_\_\_\_\_   
City

\_\_\_\_\_   
State

\_\_\_\_\_   
Zip Code

(\_\_\_\_) \_\_\_\_\_   
Office Telephone Number

Please return form to:  
Office of the Registrar, Wickes 151  
Att: Associate Registrar  
Saginaw Valley State University  
7400 Bay Road  
University Center, MI 48710