



California Institute of Integral Studies

FINANCIAL PETITION

Use this form to request the reversal of a charge for tuition or administrative fee. CIIS will only reverse a charge if you present evidence of a serious and unexpected circumstance beyond your control. You must attached documentation verifying this circumstance. This documentation becomes the property of CIIS and will not be returned. The petition and its attachments will remain confidential and be seen only by members of the Financial Petition Committee, which is composed of representatives from Academic Affairs, the Dean of Student's Office, the Registrar's Office, the Business Office, and the Financial Aid Office. The Committee will obtain your permission if it needs to approach an instructor or any other member of the Institute to investigate or verify the claims made in the petition.

The Committee will issue a decision within 30 calendar days of receiving all necessary documentation. The decision of the Committee is final and binding. Appeals will only be heard if they include information and/or documentation not available at the time of the original petition.

The Committee will consider your petition only if: 1) Supporting documentation is sufficient; 2) You have dropped or withdrawn from the course; and 3) You submit the petition within 90 calendar days of the last day of the course.

Submit petition to:
Financial Petition Committee Coordinator
Registrar's Office
CIIS, 1453 Mission Street
San Francisco, CA 94103

Or fax it to: (415) 575-1267

Questions? (415) 575-6126

Name: _____ CIIS ID Number: _____
last first middle initial

Email Address: _____ Phone: _____

Mailing Address: _____
street city state zip

If fee, which one (e.g., late registration, enrollment deposit, etc): _____

If tuition, the class(es) for which you want the charge reversed:

Semester: _____ Course Number(s): _____

Course Name(s): _____

Were you a financial aid recipient for this semester? Yes No

*If you were a recipient and this petition is approved, you may need to return all or part of the semester's aid. Contact the Financial Aid Office at 415-575-6122 **before** submitting this petition to inquire about the potential impact of its approval.*

Should your petition to reverse this charge be approved, and this reversal results in a net credit balance of all charges through the semester petitioned, indicate whether you want the credit to:

- Stay on your CIIS account to apply towards future registrations
- Be refunded to you
 - ✓ If you paid by check, you must attach a copy of the cancelled check.
 - ✓ If you paid by credit card, the refund will be credited towards that card.

Attach both:

1. A sheet on which you explain the extenuating circumstance (typed or legibly printed, and including only relevant details)
2. Verifying documentation

Your signature below indicates that you have read and understand the information on this form and confirm that your petition is true and accurate.

Student Signature: _____ Date: _____

CIIS USE ONLY

Approve Deny Date: _____

Notification to Student: _____ Notification to Business Office: _____

Notes: _____