



## FINANCIAL PETITION

Use this form to request the reversal of, or exemption from, a charge for course or administrative fees. CIIS will only reverse or waive 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 administrative offices. The Committee will obtain your permission if it needs to approach other members of the Institute to investigate or verify the claims made in the petition.

The Committee will respond to petitions by email, usually within one week 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**The Committee will consider your petition only if: 1) Supporting documentation is sufficient; 2) You have dropped or withdrawn from the course; and 3) You submit the petition within 90 calendar days of the last day of the course.**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  
c/o Associate Dean, Academic Administration  
CIIS, 1453 Mission Street  
San Francisco, CA 94103

Or fax it to: (415) 575-1263  
with a confirming email to: cbgoldstein@ciis.edu

Questions? (415) 575-6259

**Class** for which you want the tuition charge reversed:

**Semester:** \_\_\_\_\_ **Course Number:** \_\_\_\_\_

**Course Name:** \_\_\_\_\_

**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.*

**CIIS ID Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_  
*Last First Middle Initial*

**Email Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
*Street City State Zip*

Attach both:

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

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

*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:** \_\_\_\_\_

<b>CIIS USE ONLY</b>	
Approve	Deny Date: _____
Notification to Student: _____	Notification to Business Office: _____
Notes: _____	