

# Dallas Colleges Online Petition Refund Request

## PLEASE NOTE THE FOLLOWING INFORMATION BEFORE SUBMITTING A PETITION:

- The Petition Refund Committee considers extenuating circumstances **only**. Consult the current class schedule or catalog for refund policy information.
- No action will be taken by the committee until you officially drop the course or withdraw from the college through the Registrar's Office.
- Petitions must be submitted prior to the end of the semester for which the refund is requested.
- You will be notified of the committee's decision by email regarding your petition request.

Print this form, write why you feel this petition should be reviewed and approved, and attach all supporting documentation (add/drop forms, fee receipts, emails, doctor statements, etc.) and either email it or fax it to:

Dallas College  
Attn: Petition Refund Committee  
9596 Walnut St.  
Dallas, TX 75243  
FAX: 972-669-6409  
EMAIL: [petitionrefund@dcccd.edu](mailto:petitionrefund@dcccd.edu)

### PLEASE PRINT

STUDENT NAME \_\_\_\_\_ STUDENT ID# \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_  
PETITION FOR COURSE(S) \_\_\_\_\_ TERM (SEMESTER/YR) \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ TOTAL AMOUNT PAID \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ eCAMPUS HELP DESK TICKET NUMBER \_\_\_\_\_  
SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_

Please discuss the reasons you feel this petition should be reviewed and approved. Attach all documentation to support this petition

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### TO BE COMPLETED BY THE PETITION REFUND COMMITTEE:

The petition was reviewed by the committee on \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_ % Refund or Credit Hours

(Approve)

Disapprove (Reason) \_\_\_\_\_

Student notified of committee's decision on \_\_\_\_\_

\_\_\_\_\_  
Committee Chair signature