



# EMERGENCY TUITION ADJUSTMENT REQUEST

This form must be submitted within 45 days of the end of the term for which the adjustment is being requested. **Deadlines for submission are as follows:**

Fall Semester – January 31<sup>st</sup>

Spring Semester – June 30<sup>th</sup>

Summer Semester – September 30<sup>th</sup>

## PLEASE PRINT ALL INFORMATION

Student Name \_\_\_\_\_ CSU ID# \_\_\_\_\_

Daytime Phone # \_\_\_\_\_ Semester / Year of Request \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

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

\*\*\*\*\*

*Medical Emergency or Death must occur after the start of the semester for which the refund is requested.*

**Pre-existing medical conditions are NOT grounds for a refund unless there has been a serious complication.**

*Tuition adjustments for the same or a similar medical condition will only be considered ONCE during a student's entire academic career with Cleveland State.*

*Illegible, incomplete forms or late requests will not be considered.*

**Original documents must be submitted. Faxes or copies will not be accepted.**

*This is a request to adjust tuition ONLY. The University does NOT adjust other semester incurred fees (material fees, UPass, etc.)*

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To request consideration for an emergency tuition adjustment, I understand and agree that:

- I have officially withdrawn from ALL courses
- I have completed and signed this form
- I have enclosed a copy of a death certificate and proof of the familial relationship (if section 1 is relevant)
- My physician has completed page 2 of this document in its entirety
- Students may submit a personal statement documenting the impact of their medical emergency
- Send this form and all supporting documentation to:

Emergency Tuition Adjustment Committee  
Cleveland State University  
2121 Euclid Ave - UN411  
Cleveland, OH 44115

*I understand that I will NOT receive a refund if I utilized Financial Aid funds to assist in addressing my account balance. Loan funds are returned to the originating lender to reduce my educational financial debt. I understand that I may lose eligibility for tuition-based Grants / Scholarships.*

***I hereby submit my request for an emergency tuition adjustment. I have read and completed this form in its entirety and understand the decision of the Emergency Tuition Adjustment Committee is final. I understand that my financial aid award package may be affected as a result of this adjustment. The decision of the committee will be mailed to the address listed above.***

Student's Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\*\*\*\*\*

1. Death of Parent, Guardian, Spouse, Child or Sibling of the Student named above:

I have attached an official death certificate and evidence of the familial relationship between deceased and the student named above.

\*\*\*\*\*

*Students completing section 1 above are not required to complete the second page of this request*

~~~~~ ALL OTHER STUDENTS, PLEASE COMPLETE SIDE 2 ~~~~~

**PLEASE PRINT CLEARLY**

**PHYSICIAN'S AFFIDAVIT of a MEDICAL EMERGENCY OR MEDICAL CONDITION**

The following affidavit is for the purpose of establishing the eligibility of the above student to obtain an adjustment of the semester's tuition expenses.

**2A. For the Medical Emergency or Medical Condition of the Student named above:**

I certify that my patient (name) \_\_\_\_\_ has experienced a Medical Emergency or has been diagnosed with a Medical Condition which renders him/her unable to attend classes at Cleveland State University for the semester specified above.

**2B. For the Medical Emergency or Medical Condition of the Above Named Student's Immediate Family:**

I certify that my patient (name) \_\_\_\_\_ who is the \_\_\_\_\_ (relation to the student) has experienced a Medical Emergency or has been diagnosed with a Medical Condition and is, therefore, in need of continuous nursing or other similar services provided exclusively by the above named student.

\*\*\*\*\*  
 **2C.** I am legally authorized to practice medicine/osteopathy/psychiatry in the State of \_\_\_\_\_. I declare under the penalties of perjury under the laws of the State of Ohio and the United States of America that the foregoing is true and correct:

My patient's Medical Emergency/Condition is **(please document ICD10 Code):**

\_\_\_\_\_ **ICD10 Code:** \_\_\_\_\_

Dates of hospitalization and/or course of treatment:

\_\_\_\_\_

Symptoms include:

\_\_\_\_\_

The functional limitations resulting from this condition or medical emergency include:

\_\_\_\_\_

\_\_\_\_\_

If condition was diagnosed prior to the start of the term, what situation (change of circumstance) occurred during the specified term to prevent the student from attending?

\_\_\_\_\_

\_\_\_\_\_

How has this condition prevented the student from attending classes for more than a week?

\_\_\_\_\_

\_\_\_\_\_

Other comments:

\_\_\_\_\_

\_\_\_\_\_

My patient's Medical Emergency or Condition began on (date): \_\_\_\_\_.

Recovery to the extent that my patient could attend classes at CSU will take \_\_\_\_\_ week(s).

Physician's Signature: \_\_\_\_\_ State License Number: \_\_\_\_\_

Physician's Name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_