



REFUND REQUEST PETITION FORM

Instructions

In the case of rare or exceptional personal medical situations or personal military requirements, a student may request to appeal the standard AAP refund schedule/policy. Refund policy appeals must be submitted in writing (and received) by the Advanced Academic Programs Registration Office in Washington, DC no later than the last day of classes of the very next semester/term. All supporting documentation and/or a thorough written explanation for the appeal must be included. Medical documentation should be limited to a letter from the appropriate healthcare provider listing dates of care and fitness to attend class. The appeal will be reviewed by the Associate and Assistant Deans of AAP. Review times may vary depending upon the complexity of the appeal. Average review times for appeals range from four to six weeks from the date received. All decisions are final.

Maximum refunds under such circumstances will be equal to one refund level higher than the student received, unless otherwise specified. All petitions including supporting documentation can be submitted by mail to AAP Registration, 1717 Massachusetts Ave. NW, Suite 101, Washington, DC 20036, via fax to (202)452-1970, or emailed to aapregistration@jhu.edu.

STUDENT INFORMATION

Student name

JHU email address

Please list all classes for which you are requesting a refund

Table with 4 columns: Dept. (ex.410), Number (ex.601), Section (ex. 81), Title of Course. It contains four empty rows for data entry.

APPEAL INFORMATION

Grounds for petition (please check)

Medical

Military

Other

Have you included supporting documentation as a separate attachment? Please check: Yes No

Appropriate supporting documentation for medical reasons are a letter from your physician detailing dates of care and your fitness to attend class; appropriate documentation for military reasons include a copy of your orders. If you are citing misinformation, please include emails or other documentation to support your petition.

Please provide a brief explanation of the circumstances beyond your control and why you feel an exception would be justified:

Please state your desired outcome:

Student signature

Date