APPENDIX 9

REQUEST FOR TUITION REFUND

INSTRUCTIONS FOR COMPLETING THE APPENDIX 9:

Student completes the top portion including the following information:

1. Student's I. D. number
2. Student's last name, first name, middle initial
3. Student's complete home address
4. Reason for requesting tuition refund
5. Student's signature

Student forwards completed Appendix 9 to the school's business office for approval.

If refund request is justified, regional assistant principal, program supervisor or respective designee signs in the "Supervisor Signature" section and records the current date.

If approved, Appendix 9 is forwarded to the CTECS Central office for further processing. If not approved, Appendix 9 is returned to the student with justification for the denial of the tuition refund.

School business office records the following information:

1. Course title
2. Section, term and day
3. Amount to be refunded
4. Remainder of the department coding
5. Remainder of the program code
6. Original receipt number
7. Name of staff member processing Appendix 9 (Processed by:)
8. Processing date

Completed Appendix 9 is then forwarded to

Travel.Reimbursements@cttech.org

The Payments Unit then issues a state invoice utilizing the CORE-CT system and transmits the invoice to the State Comptroller for state check payable to the student.

APPENDIX 9

<div align="center">

CONNECTICUT TECHNICAL EDUCATION & CAREER SYSTEM
HARTFORD, CT

ADULT EDUCATION
REQUEST FOR TUITION REFUND

</div>

STUDENT IDENTIFICATION NUMBER: _____

*LAST NAME: _____ *FIRST NAME: _____ M.I. _____

*STREET ADDRESS: _____ *Apt. No. _____ *P.O. Box _____

*TOWN: _____ *STATE: _____ *ZIP CODE: _____

*REASON: _____

_____

_____

*SIGNATURE: _____

To be completed by CTECS:

Course	Term	Day	Amount

<div align="center">

Total Refund: _____

</div>

Complete dept and program Coding:

21003	40001	43512	*TEC_____	*84_____	TEC_6
Fund	SID	Exp. Account	Dept.	Program	Project

*SUPERVISOR SIGNITURE: _____ *DATE: _____

*BUSINESS MANAGER SIGNATURE: _____ *DATE: _____

*RECEIPT # _____ *PROCESSED BY: _____ *DATE: _____

*MANDATORY FIELDS

Business Office: Forward to Travel.Reimbursements@cttech.org

Updated on 10/08/2023