



Parkland College  
2400 West Bradley Avenue  
Champaign, Illinois 61821-1899  
217/351-2200

## Request for Billing Adjustment

*Please Note:* Billing adjustment requests that are related to academic matters (course content, the instructor, etc.) must include the written approval (signature) of the appropriate department chair.

|                 |
|-----------------|
| NAME:           |
| STREETADDRESS:  |
| CITY/STATE/ZIP: |

Today's Date \_\_\_\_\_

Student ID # \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Semester/Year \_\_\_\_\_

Course No./Section \_\_\_\_\_

Have you submitted an official withdrawal from the course?

Yes  No

### Student Statement

Describe why you believe an exception to the established billing/refund policies should be made. Attach any supporting documentation available. Requests based upon illness should include a physician statement.

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*Signature of Student* \_\_\_\_\_

### Faculty/Staff Statement (if appropriate)

I support this request for an exception to the established billing policy.

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*Signature of Faculty/Staff* \_\_\_\_\_

**College Response**     Approved     Denied     Even Exchange     100%     80%     50%

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*Return this form to the Business Office, U 247. You will receive a written response by mail.*

Parkland College does not discriminate on the basis of age, color, race, national origin, sex, religion, or disability and is a Section 504/ADA compliant institution. For accommodations, call 217/351-2505.