Cleveland State University
engagedlearning

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 31st
Spring Semester – June 30th
Summer Semester – September 30th

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 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.
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- ☐ **I have officially withdrawn from ALL courses**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 – BH114
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 emailed to the address listed above.

Student's Signature: _____ Today's Date: _____

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☐ *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.

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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.

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☐ *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: _____