# Horizontal logo, red and blackPikes Peak Community College

**Professor Comment for COVID Tuition Appeal Form**

Student Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  | Student ID #: |  | |
| Address: |  | Phone number: |  | |
|  |  | DOB: \_\_\_\_\_\_\_\_\_ | |  |

Semester for which Tuition Appeal is Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the release of any information necessary to process this Tuition Appeal.

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|  |

Student Signature Date

* **Successful completion of a class is defined as the following grades: P, S, C- or better.**
* **This form MUST be paired with positive COVID test results OR Illness/Injury of Student Tuition Appeal Form for the student or someone in the student’s household**.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Course  (include CRN and Course #) | Professor Name | Professor Signature | Were you informed of the student’s COVID exposure during the semester? | Given the time the student was absent due to COVID exposure, could they have successfully completed your class? | Notes you would like to share with the Tuition Appeal Committee |
|  |  |  | Yes  No | Yes  No |  |
|  |  |  | Yes  No | Yes  No |  |
|  |  |  | Yes  No | Yes  No |  |
|  |  |  | Yes  No | Yes  No |  |
|  |  |  | Yes  No | Yes  No |  |
|  |  |  | Yes  No | Yes  No |  |