Pikes Peak Community College

Professor Comment for COVID Tuition Appeal Form – This form must be completed by the department(s) in question. Signatures cannot be typed. <u>Student Information</u>

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.

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	Yes	
			No 🗌	No 🗌	
			Yes	Yes	
			No 🗌	No 🗌	
			Yes	Yes	
			No 🗌	No 🗌	
			Yes	Yes	
			No 🗌	No 🗌	
			Yes	Yes	
			No 🗌	No 🗌	
			Yes	Yes	
			No 🗌	No 🗌	