Petition for Policy Exception [PPE]

Tuition, Fees, Drop or Withdrawal

1. Instructions

Bates Technical College Petition for Policy Exception

1. The Petition for Policy Exception (PPE) is a formal request for an exception to a published College policy. It can be approved only when the circumstance for the request is due to illness, death of an immediate family member, military service, hardship, or when there is documented evidence of institutional error (see page two for detailed exception categories).
2. The PPE will only be considered if the request is accompanied by appropriate documentation to support the circumstance. It is the **student's responsibility** to follow the PPE procedure guidelines to:
   a. Communicate clearly and legibly in a personal statement stating the grounds for the petition;
   b. Provide the appropriate documentation (if this is the result of a medical condition, you must include the Healthcare Provider Verification Form (page 5) in addition to any other documentation required) and
   c. Submit the PPE no later than the last day of the quarter that immediately follows the quarter in question or in a timely manner if the hardship prevents meeting the one quarter deadline.
3. A response will be issued via your email address within ten (10) business days.
4. The tuition refund policy of Bates Technical College is established by the Board of Trustees. It is available on the College's website at https://www.batestech.edu/tuition-and-fees/ and is printed in the college catalog.
5. Refunds for financial aid recipients are calculated according to financial aid regulation. An approved PPE may not eliminate all financial aid debt and could add additional debt. Please consult with the Student Financial Aid Office for additional information.

2. Student Information

Student Name		SID Number

Street or Mailing Address	Apt	City	State	Zip Code

Email Address (required)	Phone Number

For what quarter and year are you requesting an exception?				What class(es) were affected?	Last Date of Attendance
Quarter		**Year**			

Have you previously been granted an exception to policy or refund?	If you have previously received an exception, indicate when below				
☐ Yes ☐ No	**Quarter**			**Year**	

By my signature below, I attest that I have read all of the information on this page and that I understand my responsibilities to comply with the policy and procedures outlined therein with respect to the processing of this petition for policy exception.

Signature	Date

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3. Exception Categories

Below are the types of exceptions the college may consider. Please CHECK THE BOX next to the category most appropriate for your circumstance and PROVIDE the documentation specified in the exception requirements:

☐ Medical	Incapacitating injury or illness to yourself or of an immediate family member.
	Requirements: A healthcare provider must complete the **Healthcare Provider Verification Form** (included on page five), and the form will be considered complete if it clearly describes your condition; if it includes the recuperation timeline and addresses the ways in which the illness impacted your ability to perform normal academic tasks. Incomplete forms may result in the denial of y our PPE.
☐ Death	A death of an immediate family member.
	Requirements: Death in the immediate family must be verified by an obituary notice, a memorial folder, or any other documentation showing your relationship to the deceased individual.
☐ Military Services	Orders to report for active duty (duration of deployment must be for more than thirty (30) days)
	Requirements: a copy of written military orders must be submitted.
☐ Hardship	A significant and unanticipated personal emergency/circumstance beyond the control of the petitioner.
	Requirements: Documentation specifying the date of the personal emergency or circumstance with sufficient details to support the PPE.
☐ Administrative Error	For fees and tuition forfeitures that are incurred as a result of an administrative error.
	Requirements: A detailed statement of the error or mistake you believe was made and if possible, the specific individuals involved. The Registrar will research your assertion.

4. Remedy Sought

I am submitting the PPE and requesting the following (more than one may be requested):

☐ Receive 'W' after 45-day deadline

☐ Schedule change after 10th day

☐ Tuition reimbursement

    ☐ 100%

    ☐ 80%

    ☐ 40%

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5. Your Personal Statement

All PPE's require a personal statement with sufficient information supporting the selected exception category. An exception process exists because situations may sometimes occur that cannot be avoided or predicted. However, when filing an exception, remember that you are asking Bates Technical College to make an exception to a College policy. In order to determine whether your situation qualifies for consideration of an exception, you will need to provide sufficient detail and documentation to support this request. In the sections below, please provide the pertinent information related to your situation. You are limited to the space provided.

a. **The "Introduction" Section** – Briefly state what you are requesting. Example: "I missed the withdrawal deadline because I was extremely ill and was hospitalized". Medical requests must include the healthcare Provider Verification Form (page 5).

b. **The "Detail" Section** – Provide sufficient detail about your situation to justify making an exception. Include all relevant dates. Focus on the pertinent facts because you are limited in the space allowed. Because you must submit documentation with this PPE, please refer in this section to the documentation you are submitting with the petition.

c. **The "Conclusion" Section** – Provide any additional information that may be helpful to the evaluator in making a decision as to whether your PPE will be approved or denied.

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6. Student Acknowledge

By signing this document, I certify that the information I am providing on this form and on any supporting documentation is true and accurate to the best of my knowledge[1]. I understand that if the documentation submitted with this PPE is incomplete or lacks relevancy, my PPE will be denied. Further, I understand that all decisions are final.

Student Signature	Date

[1] Submission of falsified information or misrepresentations of fact are a violation of the Bates Technical College Student Code of Conduct and may be cause for disciplinary action.

If your request is due to medical reason, you must include the Healthcare Provider Verification Form (page 5) with your PPE.

7. Your Personal Statement

SUBMISSION LOCATION:
This PPE can be submitted in person or by mail to the following address.
PPE's will not be accepted via fax.

Registration Department
Downtown Campus (A-210)
1101 S. Yakima Avenue Tacoma, WA 98405
253-680-7019

PPE forms may be scanned and emailed to **registration@batestech.edu**

THIS SECTION BELOW IS FOR OFFICE USE ONLY

Registrar's Action

W/D after 45 days		☐ Approved		☐ Denied
Schedule Change after 10th day		☐ Approved		☐ Denied
Tuition Refund	☐ 100%	☐ 80%	☐ 40%	☐ 0%

Comments:	

Registrar's Signature	Date

Financial Aid Staff Signature	Fin Aid %	Date

Petition for Policy Exception [PPE]
Healthcare Provider Verification Form

Student Information (to be completed by the student)			
Name of Student	**Student Number**	**Signature of Student**	**Date**

Patient Consent for Release of Medical Records (to be completed by the patient)		
By my signature below, I authorize my healthcare provider to release any and all information to Bates Technical College concerning my physical or mental condition as it relates to a petition for policy exception filed by me or my family member.		
Printed Name of Patient	**Signature of Patient**	**Date**
Printed name of parent/Guardian (if patient under 18)	**Signature of parent/Guardian (if patient under 18)**	**Date**

Healthcare Provider Verification
INSTRUCTIONS FOR THE HEALTHCARE PROVIDER:

In order to consider a petition for policy exception, Bates Technical College requires documentation from a licensed healthcare provider verifying a current condition that prevents the student from attending Bates Technical College during a specified year and quarter. Please provide the requested information along with a business card or piece of letterhead after the patient has completed the release consent at the top of this form.

Name of Patient	Relationship to Patient

- ☐ Patient condition is such that a normal range of activity has been sufficiently reduced
- ☐ Patient condition is chronic in nature and will require extended recuperation time
- ☐ Recommend patient's withdrawal from classes until s/he is able to perform normal tasks

By my signature below, I certify that the information contained in this form is true and accurate.

Signature of Healthcare Provider	Date

Printed Name of Healthcare Provider	Medical Practice, Hospital or Clinical Affiliation	Phone Number