



State of Connecticut Office of Higher Education

Instructions for applying for tuition reimbursement

All reimbursements of tuition from the Private Occupational School Student Protection Account are based on monies paid by you for your **tuition only**. This only applies to money paid for courses and training that were not able to be completed due to the school closure. Tuition paid for completed courses and training are non-refundable.

All federal financial aid is handled by the U S Department of Education. For more information on discharging federal loans, visit <https://studentaid.gov/manage-loans/forgiveness-cancellation/closed-school>.

In order to apply for any reimbursement of tuition, you must complete and return the **Application for Student Tuition Reimbursement Form below** (your signature must be **notarized**) and provide the following supporting documents.

- a written statement (narrative) of circumstances regarding your school enrollment and reasons for requesting a refund of tuition
- copy of enrollment agreement
- official transcript, or any other documentation showing you were enrolled at the time of the school closure
- copy of cancelled checks, bank statements or receipts for amounts paid to the school
- copy of paperwork from sponsoring organization, if applicable
- any other information to support your refund request

All requests for tuition reimbursement must be supported by evidence documenting your enrollment at the school at the time of closure. If you are having any difficulty obtaining documents from the school (transcript or enrollment agreement) please fill out and return the transcript request located at <http://www.ctohe.org/POSA/pdfs/RequestForStudentTranscripts.pdf> . Under the Additional Information section, indicate which specific documents you need.

If you do not submit the requested documents and/or information, your file will be deemed incomplete and no future action will be taken.

Upon receipt of a complete application with all supporting documents and narrative, a Refund Committee will be convened to review your request for reimbursement of tuition. The Refund Committee's sole purpose is to objectively review the application and supporting documents to

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450 Columbus Boulevard • Suite 707 • Hartford, CT 06103-1841

www.ctohe.org

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determine whether or not you are eligible for a reimbursement of tuition. The action of the Refund Committee is final.

You will be notified when the committee has made a decision in regards to your refund. If the Refund Committee approves your request for reimbursement of tuition, you will be sent a letter with instructions on how to proceed. If your refund is denied, you will receive a letter as well.

CONNECTICUT OFFICE OF HIGHER EDUCATION
POSTSECONDARY OCCUPATIONAL SCHOOL APPROVAL UNIT

(860) 947-1816

(Return form to:) 450 Columbus Boulevard, Suite 707, Hartford, CT 06103

APPLICATION FOR STUDENT TUITION REIMBURSEMENT

Pursuant to Connecticut General Statutes Section 10a-22v and Connecticut Regulations of State Agencies Section 10a-22x-4, I am submitting the following information for a determination by the State of my eligibility to receive a pro rata refund of tuition, and, if I am determined eligible for a refund, to assist in the calculation of the amount of the refund and to determine the recipient(s) of said refund.

Name of School Attended: _____

Location of School Attended: _____

Name of Program Enrolled In: _____

Name of Student: _____

Name At Time of Enrollment (if different): _____

Social Security Number: _____

Permanent Mailing Address: _____

Day Phone: _____ Evening Phone/Message Phone: _____

Cell Phone: _____ Email: _____

Length of Program: _____ Total Number of Clock Hours

Length of Program: _____ years and/or _____ months and/or _____ days

First Date of Instruction: _____

Last Date of Attendance: _____

Total Contracted Price of Program: \$ _____

Total Tuition Cost of Program: \$ _____

Total Amount Paid to the School: \$ _____

Source of Tuition: Your Own Funds _____ \$ _____

Student Loans _____ \$ _____

Student Grants _____ \$ _____

For a minor, amount paid by Parent/Guardian _____ \$ _____

Other (specify)* _____ \$ _____

* e.g.: dislocated worker retraining paid by former employer or agency

Name of organization paying tuition for you: _____

Address: _____ Phone: _____

Contact Person: _____ Amount: \$ _____

Name of Lender: _____ Amount: \$ _____

Address: _____ Phone: _____

AFFIDAVIT:

I, (name) _____, do swear or affirm that the statements made in this application for eligibility of tuition refund are complete and correct to the best of my knowledge and belief.

Signature: _____

Attested: Sworn or affirmed and subscribed to before me this

_____ day of _____, 20__.

Notary Public: _____

Date Commission Expires: _____

Note: Provide a written statement (narrative) of circumstances regarding your school enrollment and reasons for requesting a refund of tuition. Attach copies of proper documentation to substantiate your claims, e.g.: copy of enrollment agreement, copy of canceled checks or receipts for amounts paid to the school, copy of paperwork from sponsoring organization and any other information to support your refund request.