



## REQUEST FOR REFUND

To be completed by the Student or Parent / Guardian of the Student withdrawing from class.

\$10 Nonrefundable Processing Fee

Student's Name: \_\_\_\_\_

Parent / Guardian's Name: \_\_\_\_\_

Course Title(s): \_\_\_\_\_

Reason for Withdrawal: \_\_\_\_\_

Payee Information (make refund check payable to)

Name of Payee (must be individual who initially paid): \_\_\_\_\_

Social Security Number (SSN) of Payee: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Apt / Unit # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Email (Optional): \_\_\_\_\_

Refund Should Be Mailed, or Hold For Recipient Pickup? \_\_\_\_\_

(Unless otherwise noted, Refunds will be mailed to the address listed above)

I certify by signature the withdrawal of the student listed above from the above listed course(s) and request a refund of registration fees paid as permitted by State Regulations and / or College Policy.

Payee Signature \_\_\_\_\_ Date of Request \_\_\_\_\_

Accepting Staff Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

**-For Office Use Only-**

**Request approved:**

- Refund due (100% - \$10) With Proof of Payment Attached less \$10 Processing Fee
- Class cancelled (100%) With Proof of Payment Attached
- Transfer to another course (List Course)
- Other (List)

**Disapproved:**

- Past deadline
- Other Causes (List)

Signed: \_\_\_\_\_

Director of Continuing Education

\_\_\_\_\_

Date

Total Amount Due: \_\_\_\_\_