



## REFUND REQUEST FORM

*Please Print or Type:*

Quarter \_\_\_\_\_ Year \_\_\_\_\_ Date of Request \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
 Name CIN

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 City State Zip Code

(\_\_\_\_) \_\_\_\_\_  
 Day Telephone No. Email Address

\_\_\_\_\_  
 Dept. / Course No. / Section No. \$  
Amount Paid for Course

**Reason for dropping course(s):**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Student's Signature

**FOR EXTENDED STUDIES USE ONLY:**

Payment Process Date: ____/____/____	Amount: \$ _____
Last Class Attended: _____	ProRated Amount: \$ _____
	Less Administrative Fee: \$ _____
	Refund Amount: \$ _____