



**California State University, Los Angeles**  
**College of Professional and Global Education**

**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 PROFESSIONAL AND GLOBAL EDUCATION USE ONLY:**

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