REFUND PETITION FORM

(Print) Last Name ____________________________ First Name ____________________________ Campus ID Number (CIN) ____________________________

Mailing Address ____________________________ City ____________________________ State ____________________________ Zip ____________________________

Contact Number ____________________________ E-mail address ____________________________

PLEASE COMPLETE THE FOLLOWING:

QUARTER: □ Summer □ Fall □ Winter □ Spring

ACADEMIC YEAR: ____________________________

How did you pay: □ Cash □ Check □ Credit Card

Refund Option: Select only one option.

□ Check – Mailed to “Mailing Address” on Golden Eagle Territory.

□ Direct Deposit --- Are you currently enrolled in direct deposit?
   □ Yes, The tuition refund will be direct deposit to your bank account.
   □ No, You must enroll in direct deposit @ http://www.calstatela.edu/univ/sfinserv/dirdep.php
      prior to submitting this refund petition form.

Tuition and Fees Refund: Check one of the following options:

□ Early Start Refund

□ Full refund – not admitted, lost continuing status, or disqualified – courses must be dropped/cancelled.

□ Full refund – not registered or dropped all courses prior to first day of the quarter.

□ Partial refund – not registered/dropped courses prior to reduction in units’ deadline and/or over paid fees.

□ Withdrew/dropped all courses after the first day of quarter, prior to refund deadline (Pro-rata Refund).

□ Course(s) withdrawn/dropped after refund deadline must receive No Record Drop (Supporting documentation required)*

□ Other

Brief explanation: ____________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

*Supporting documentation is required for late refunds to be considered when classes are dropped or withdrawn after the deadline date. This is in accordance with Title 5 of the California Code of Regulations. A $5.00 processing fee will be deducted from refund amount.

PLEASE ALLOW UP TO 4 WEEKS FOR PROCESSING

Student Signature ____________________________ Date ____________________________

Do not complete below – Office Use Only

Received By: ____________________________

□ Approved $__________ □ Pending Information □ Denied □ Refund Policy/Advised

Comments: ____________________________________________________________

__________________________________________________________________________

Authorized Signature ____________________________ Date ____________________________ Extension ____________________________

(4/2012)