Student Financial Services – Refund Petition

5151 State University Drive, Los Angeles, CA 90032 *(323) 343-3630*
(323) 343-6491 fax

______________________ ______________________ ______________________
(Print) Last Name **First Name, M.I.** **Campus ID Number**

______________________ ______________________
(Print) Mailing Address **City,** **State** **Zip**

______________________ ______________________
Contact Number **E-mail address**

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PLEASE CHECK THE **QUARTER** AND **ACADEMIC YEAR** OF YOUR REFUND REQUEST.

QUARTER: **ACADEMIC YEAR**:

○ **Summer** ○ **Fall** ○ **Winter** ○ **Spring** ○ ________

PLEASE SELECT FROM THE FOLLOWING REFUND OPTIONS:

Tuition and Fees Refunds: Check one of the following:

- ○ Full refund – not admitted, lost continuing status, or disqualified – courses ***must*** be dropped/cancelled.
- ○ Full refund – never registered or dropped all courses ***prior*** to first day of the quarter.
- ○ Partial – 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**.**
- ○ Course(s) withdrawn/dropped ***after*** refund deadline ***must*** receive **No Record Drop** ***(Supporting documentation required)***
- ○ Other

Brief explanation: ____
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****Supporting documentation is required for late refunds to be considered when classes are dropped or withdrawn after the deadline date.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/Department Use Only:*** » » » » » » » » » » » » » » » » » »

Received By: ______________________________

○ Approved $__________ ○ **Pending Information** ○ **Denied** ○ **Refund Policy/Advised**

Comments: ____
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Authorized Signature **Date** **Extension**

2/2009