

One-Stop Financial Services

5151 State University Drive, Student Services Building #2380, Los Angeles, CA 90032 Phone (323) 343-3630 Fax (323) 343-6491

PETITION FOR REVERSAL OF TUITION AND FEES

This petition form is to request for reversal of tuition and fees due to a drop or withdrawal from classes after a refund deadline. The drop or withdrawal must be reflected in the student account before this petition can be submitted. It is the student's responsibility to follow the campus established procedures and deadlines for dropping classes. Documentation must be submitted along with your petition to provide supporting proof of your claims. Please allow approximately 2 weeks for processing once submitted. You will be notified by email of the decision or contacted by phone if additional information is necessary. Petition must be submitted within the same academic year.

(Print) Last Name		First Name		Campus ID Number (CIN)		
Mailing Address				City	State	Zip Code
Phone Number E-mail		E-mail Addres	SS		_	
BILLING DI	ETAILS:					
TERM(s):			ACADEM		IC YEAR:	
□ Summer	□ Fall	□ Winter	□ Spring			
□ Campus \ informatior □ Medical E Refunds wil □ Other – I fees to the categories, special cons	fariation — factorial to the student of the calcular understand deadlines all have attackideration.	Attach a sign dent, which r – The studen ted on a pro I that the Cal s published i ched written	esulted in stud t must complet rata basis depe ifornia Code of n the Schedule statement exp	from a University's de ent's failure to meet e a medical withdraw ending on the date of Regulations/Title V ro of Classes. However	val request through the the drop. estricts the credit of tui , since I do not qualify f hat includes supporting	Records Office. tion and mandatory or the above
Explanation	:					
Student Sig	nature					_
			0	FFICE USE ONLY		
□Approved	☐ Denied	Pending		Comments:	- 	