



Student Tuition Refund Request Form

Tuition Refund Steps:

Complete the information in this section.

1. Show this Form to the Record's Office
2. Take Form to the Student Account Office

Name: _____ Student ID Number: _____

(Last)

(First)

Phone Number: _____ Email: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Refund for: _____ Quarter / _____ Year

Date of Payment: ____/____/____

Type of Payment: ___ Cash ___ Check ___ Money Order ___ Other, Specify _____

Payment Amount: \$ _____

How many weeks have passed since the class started: _____ weeks

Detailed Reason for Refund: _____

Student Signature: _____ Date: _____

DO NOT WRITE IN THE SECTION BELOW

FOR OFFICIAL USE ONLY:

Address Verification by Records Office: Date: ____/____/____ by Initials: _____

FOR RECORDS OFFICE USE ONLY:

AMOUNT PAID: _____ REFUND AMOUNT: _____

PAYMENT TYPE: Cash Check Credit Other, Specify _____

REFUND CHECK#: _____ REFUND DATE: ____/____/____

Refund Received by:

Signature: _____ Date: _____