



Request for Refund

1. Personal Information

Student Name _____ Date of Birth _____ (mm) / _____ (dd) / _____ (yyyy)

Address _____

Phone _____ Email _____

2. Program of Study :

3. Date of Admission _____

Date of Withdrawal _____

4. Refund Policy

In compliance with the California Education Code, the refund policy for students who have completed 60 percent or less of the course of instruction is pro rata. The effective date of withdrawal used in determining the amount of tuition to be refunded is the date on which the student submits his or her withdrawal form to the Office of Admissions and Records. Tuition refunds are paid or credited to a student within 30 days of filing the withdrawal form.

5. Amount of Refund

Total no. of units taken _____

Tuition per unit _____ (\$)

No. of hours of instruction remaining in quarter _____

Total quarter hours of instruction in quarter _____

Tuition Refund _____ (\$)

Student's Signature _____ Date _____

Academic Dean's or
Director's Signature _____ Date _____

Dir. Adm. Reg. Signature _____ Date _____