



# REFUND REQUEST FORM

**IMPORTANT: PLEASE DO NOT SUBMIT THIS FORM UNLESS YOU HAVE A CREDIT ON YOUR STUDENT ACCOUNT.**

## REFUND POLICY:

- \* In order to receive a refund for a dropped class; the student must have dropped the class before the refund deadline. The only exceptions are: cancellation of a class by the college, withdrawal from school due to military orders, or classes dropped due to failure to meet the course prerequisites.
- \* Refunds are given to the student only.

Student ID #: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

**NOTE: REFUND MUST BE PROCESSED BY CREDIT CARD IF PAYMENT WAS MADE BY CREDIT CARD.**

**We do Not process refunds to AMEX cards. Please provide Visa, MasterCard, or Discover credit card.**

My payment was by credit card. My credit card # is: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

My payment was by cash or check. Mail my refund check to the above mailing address.

**RETURN FORM TO:**  
 Student Payment Office SSC 208  
 28000 Marguerite Parkway  
 Mission Viejo, CA 92692  
 (949) 582-4870  
 Fax (949) 582-4571

### Refund Processing Time:

- \* Credit Card refunds may take up to 2 weeks from receipt of this form.
- \* Check refunds may take up to 30 days from receipt of this form.

STUDENT PAYMENT OFFICE USE ONLY		DISTRICT OFFICE USE ONLY	
FEE CATEGORY	AMOUNT		
Health Fee	\$ _____	Refund Amount	_____
Enrollment Fee	\$ _____	Date Paid	_____
Material Fee	\$ _____	Date of Check	_____
ASB Card	\$ _____	Check Number	_____
Capital Outlay Fee	\$ _____	Processed By:	_____
Non-Resident Fee	\$ _____	Verified By:	_____
Other	\$ _____	Date:	_____
<b>Total:</b>	\$ _____		