



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

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:	_____
Total:	\$ _____		