



CALIFORNIA STATE UNIVERSITY, STANISLAUS
REQUEST FOR REFUND

A REFUND CHECK, IF ANY, WILL BE SENT AT THE ADDRESS BELOW OR ELECTRONICALLY TRANSFERRED TO YOUR BANK ACCOUNT. PLEASE ALLOW 3 WEEKS FOR PROCESSING

Student ID Number: _____ PLEASE PRINT
Last Name: _____ First Name: _____
Address: _____
City & State: _____ Zip: _____
Telephone Number: (____) _____
Signature: _____ Date: _____

I request the allowable amount of refund of fees paid for the following:
Year _____
[] Fall [] Winter [] Spring [] Summer
[] Open University [] Extension Course [] Other: _____

If you have questions about Extension courses, call University Extended Education at 667-3111

Reason for Request:
_____ Complete Withdrawal _____ Reduced Units _____ Other _____ Financial Aid
_____ Course Cancellation _____ Parking-decal must be attached to this form

Explanation: _____

NOTE: Automatic refunds of mandatory fees, including non-resident tuition, resulting from a change of enrolled units or withdrawal up to the 60 percent point in the term will be based upon the campus Title 5 refund policy, course drop/withdrawal date or last day of attendance. (Refer to the Schedule of Classes Money Matters section). Refunds requested after the 60 percent point in the term will be considered only in the case of a student's compulsory military service (Title 5, section 41802, Education Code). Appropriate documentation supporting the military service exception must be attached to the refund request form. Students are responsible for making sure they have met all administrative deadlines with all affected University departments including Faculty, School or College, Admissions & Records Office, Financial Aid office, Housing Office, Public Safety and State Accounting Office. Students may not rely on anyone else to complete the necessary refund procedures on their behalf. See the current University Catalog and the current schedule of classes for refund dates and regulations.

For Office Use Only

Current Units Enrolled: _____ Units Dropped: _____ Date of Change: _____
[] Request Approved: _____ Request Approved: _____
Authorized Signature Accounting Office
[] Reason Denied: _____

ACCOUNTING OFFICE INFORMATION

Amount Paid for: _____ Refund Due _____ Receipt No. _____
Extension Refund _____ Date: _____
Withdrawal/Drop fee: _____ (_____) Invoice No. _____
Withheld for other fees _____ (_____)
Reason _____
Total Refund: \$ _____