

CALIFORNIA STATE UNIVERSITY, STANISLAUS

REQUEST FOR REFUND

A REFUND CHECK, IF ANY, WILL BE SENT OT 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: \$ \_\_\_\_\_