



Student ID#: _____

Name (Please Print): _____

Address: _____

Phone Number: _____

Signature: _____ **Date:** _____

I request the allowable amount of refund of fees paid for the following term:

Fall Winter Spring Summer Year: _____

Did you receive Financial Aid for the current year? Yes No

Reason for Request:

Course Drop Course Cancellation Other

Explanation: _____

Note: Please see the Extended Education website www.csustan.edu/uee for the official refund policy

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

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