Summer 2004 Refund Application Form

Summer Session 2004

________________________ WITHDRAWAL - Drop to zero units/never received units
________________________ DROP IN UNITS - Drop from _______ units to _______ units
________________________ PARKING - DECAL MUST BE ATTACHED TO THIS FORM
________________________ SPONSORED OR FEE WAIVER REIMBURSEMENT

($25 Late Fee & $20 Augmented Health fee are non-refundable)

If applying for a parking refund, you must return the decal. ATTACH HERE

ATTENTION: TURNING IN THIS FORM DOES NOT GUARANTEE A REFUND. YOU WILL BE NOTIFIED BY CHECK OR LETTER.

$________________ withheld for obligation

STUDENTS - PLEASE DO NOT FILL OUT ANY INFORMATION BELOW THIS LINE. FOR OFFICE USE ONLY.

CHECKS TO BE TYPED: 1 2

DATE PAID: ___________________ AMOUNT $ ___________________

CCE Grad Fee W/D DATE: ___________ % OF REFUND: ___________
CCE UG Fee DAYS INTO SEM: ___________
ASI Fee
Union Fee
Facilities Fee
IRA Fee
Health Fee
Parking
CCE Non-Matriculated

TOTAL CHECK #1 $ ___________________

TOTAL CHECK #2 $ ___________________

CERTIFICATION/ENROLLED UNITS (per SIS)

Date of Change__________________________ Res/Grad Status__________________________
Paid Units__________________________
Added + ____________________________
Dropped - ____________________________
Current Total__________________________

ADMINISTRATIVE ACTION

☐ APPROVED

☐ DENIED

COMMENTS:

Signature/Date (Registrar's Office)

BRS CHECKED:

Debts: ☐ YES ☐ NO

FINANCIAL AID PAID FEES: ☐ YES ☐ NO

BALANCE: __________________________

SPONSOR: __________________________

AMOUNT: __________________________

APPROVAL: __________________________

SIGNATURE: __________________________

DATE: __________________________

Student Financial Services Office

Date:

[Box for Office Comments]