APPLICATION FOR REFUND OF FEES

California State University, Sacramento

6000 J STREET, SACRAMENTO, CA 95819-6010

Revised 07/2003

Last Name_____First Name_____

Social Security Number_____

Address_____

City_____Zip_____

Phone No (_____)_____Cell No_____

E-Mail Address _____

Signature_____Date_____

ATTENTION:

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

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

SEMESTER:

_____ 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

Are you a non-resident student? _____ yes _____ no

I am expecting a refund of $_____(less $10 withdrawal/drop processing fee)

($33 Installment, $25 Late Registration, & $20 Augmented Health fees are non-refundable fees)

THE CSUS refund policy has changed. Please refer to WEB Site: CSUS.EDU/SFSC and the Class Schedule for deadlines and procedures. Students who fail to follow procedures may not be entitled to any refund.

SFSC USE ONLY

Parking Decal #

OFFICE COMMENTS:

$_____ withheld for obligation

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

CHECKS TO BE TYPED: ☐ 1 ☐ 2

CODES	REFUND AMT	
		Non-Resident
		State University Fee
		ASI Fee
		Union Fee
		Facilities Fee
		IRA Fee
		Health Fee
		Newspaper
		Parking
		Extension

TOTAL CHECK #1 $_____

TOTAL CHECK #2 $_____

DATE PAID: _____ AMOUNT $_____

W/D DATE:_____

% OF REFUND: _____

DAYS INTO SEM: _____

ADMINISTRATIVE ACTION

☐ APPROVED

☐ DENIED

COMMENTS:

SIGNATURE DATE

CERTIFICATION/ENROLLED UNITS

(per SIS)

Date of Change_____

Res/Grad Status_____

Paid Units_____

Added +_____

Dropped - _____

Current Total _____

_____

Signature/Date (Registrar's Office)

BRS CHECKED:

Debts: ☐ YES ☐ NO

BALANCE : _____

FINANCIAL AID PAID FEES:

☐ YES

☐ NO

SPONSOR: AMOUNT:

APPROVAL: DATE:

_____

Department Authorized Signature Date

_____

Student Financial Services Office Date