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Last Name _____ First Name _____
 Sac State Id _____
 Address _____
 City/State _____ Zip _____
 Phone # () _____ Cell # () _____
 Email Address _____
 Signature _____ Date _____



APPLICATION FOR REFUND OF FEES
California State University, Sacramento
6000 J Street, Sacramento, CA 95819-6010
(916) 278-6190 (916) 278-6243 fax

Revised 7/16/2008

ATTENTION:
 Turning in this form does not guarantee a refund.
 You will be notified by Check/E-Refund or Letter.

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

 ATTACH HERE

SEMESTER:

- WITHDRAWAL** - Dropped to zero units/not enrolled
- DROP IN UNITS** - Drop from _____ units to _____ units
- PARKING** - DECAL MUST BE ATTACHED TO FORM
- SPONSORED OR FEE WAIVER REIMBURSEMENT**
- APPEAL/OTHER (reason)** _____

For information on deadlines & procedures the CSUS Refund Policy can be found at:
www.csus.edu/sfsc/refund.htm

SFSC USE ONLY
 Parking Decal # _____
 Office Comments: _____
 \$_____ withheld for obligation

Are you a non-resident student? _____yes _____no
 I'm expecting a refund of \$_____ (less \$ 10 processing fee)

NOTE: \$33 Installment & \$25 Late Registration fees are non-refundable

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

W/D DATE: _____
 % OF REFUND: _____
 DAYS INTO SEM: _____

DATE PAID: _____ AMOUNT: \$ _____

REFUND AMT:

\$ 10 PROCESSING FEE _____

TOTAL CHECK # 1 \$ _____

TOTAL CHECK # 2 \$ _____

ADMINISTRATIVE ACTION

APPROVED

DENIED

COMMENTS:

Signature/Date _____

CERTIFICATION/ENROLLED UNITS

Date of change _____
 Res/Grad Status _____
 Paid Units _____
 Added + _____
 Dropped - _____
 Current Total _____

Signature/Date (Registrar's Office) _____

CMS CHECKED

Debts: _____ Yes _____ No

Sponsor Program: _____
 Amount: \$ _____

Approval/Date _____

Department Authorized Signature/Date

Refund Technician Signature/Date

