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)

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

CHECKS TO BE TYPED: 1  2

DATE PAID: __________ AMOUNT $________

CODES

REFUND AMT

CCE Grad Fee

CCE UG Fee

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 +_______________________

DAYS INTO SEM:__________

W/D DATE:_____________

% OF REFUND:__________

ADMINISTRATIVE ACTION

☑ APPROVED

☐ DENIED

COMMENTS:

SPONSOR:__________ AMOUNT:__________

FINANCIAL AID PAID FEES:__________

Debts: YES ☐ NO ☐

BRS CHECKED:

☑ YES ☐ NO ☐

SIGNATURE:__________ DATE:__________

FINANCIAL AID BALANCE :__________

DATE:__________

Summer 2004 Refund Application Form

College of Continuing Education
3000 State University Drive East
Sacramento, CA 95819-6103

Summer 2004

Signature_____________________________________ Date__________________

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

ATTACH HERE

SFSC USE ONLY

Parking Decal #

OFFICE COMMENTS:

$__________ withheld for obligation

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

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

Department Authorized Signature Date

Student Financial Services Office Date

3000 State University Drive East
Sacramento, CA 95819-6103

Revised 03/2004