

REQUEST FOR SPECIAL CIRCUMSTANCES REFUND FORM

Student Information

Name: _____ Student ID #: _____

Mailing Address: _____
Street City State Zip

Phone Number: _____

Semester: _____

Courses Dropped (list below): _____

Type of Request

Refund Reversal of Outstanding Charges Other

Written Explanation of Request

Title 5 of the State Education Code has specific allowances for approval of refunds after the published deadline. In the space provided below, please provide a detailed explanation why you are requesting a refund or reversal of outstanding charges past the deadline. Please attach additional pages as needed.

Student Signature: _____ Date: _____

****Please submit completed form to the Cashier's Office, located in the Enrollment Center, Sage Hall. ****

Administrative Use Only

Date Received: _____ Staff Initials: _____ Request: Approved Denied

Student Notification Sent: _____