



CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

REQUEST FOR SPECIAL CIRCUMSTANCES REFUND FORM

Submit to: Cashier's Office
One University Drive - Sage Hall
Camarillo, CA 93012
Phone: (805) 437-8810
Fax: (805) 437-8900

Information

Name: CSUCI ID #:
Street Address: City, State, Zip
Home Phone: Work Phone: Cell Phone:
Semester: Email:

Written Explanation of Request

Title V 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.

You must provide all documentation that supports your request for a refund. Incomplete documentation will result in returning the request for additional information.

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

Received by Cashier Office Signature \_\_\_\_\_ Date \_\_\_\_\_

Request Approved: \_\_\_\_\_

Request Denied: \_\_\_\_\_