

# Refund Application

Victor Valley College, 18422 Bear Valley Road, Victorville, CA 92395 -5849

**PLEASE PRINT**

Student ID # : \_\_\_\_\_  
Student Name : \_\_\_\_\_  
Mailing Address : \_\_\_\_\_  
City, State, Zip : \_\_\_\_\_  
Phone Number : \_\_\_\_\_

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	<b>Dropped Units</b>	_____ X _____ = _____
	<b>Canceled Units</b>	_____ X _____ = _____
	<b>Refund Processing Fee</b>	_____ <u>(\$10.00)</u>
<b>Paid Units</b>	_____ <b>Student Center</b>	_____
<b>Remaining Units</b>	_____ <b>Parking Permit*</b>	_____
<b>Refund Units</b>	_____ <b>ASB Card**</b>	_____
	_____	_____
	<b>Out-of-State Tuition</b>	_____ X _____ % = _____
	<b>Refund Due</b>	\$ _____

- Original registration receipts are required for verification of payment.
- \*Parking will be refunded for all canceled classes. Parking Permit must be attached or returned to the Bursar's Office in order to receive a refund.
- \*\*Fees for Parking and ASB will be refunded if classes were dropped **PRIOR** to the first day of each semester. ASB Card and Parking Permit must be attached in order to receive a refund.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date