

Refund ApplicationStudent Section: *Please print when filling out this form.*

Student ID# _____ Student Name _____

Mailing Address _____

City, State, Zip _____ Phone # _____

I understand the following:

- Parking will be refunded for all canceled classes. Parking Permits must be attached or returned to Campus Police to receive a refund.
- Fees for Parking and ASB will be refunded if classes are dropped **PRIOR** to the first day of each semester. ASB Card and Parking Permit must be attached to receive a refund.
- Allow up to 6 weeks for processing.

Student Signature _____ Date _____

For Office Use Only

Dropped Units _____ x 46 = \$ _____	Student Transportation \$ _____
Canceled Units _____ x 46 = \$ _____	Parking Permit \$ _____
Out-of-State Tuition _____ x _____ = \$ _____	Student Center \$ _____
ASB Card \$ _____	_____ \$ _____
Student Representation \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

Notes: _____

Refund Due \$ _____

Description	Account Number	Refund Amount	Refund Term
Enrollment	01-00-20-0000-0000-8874	\$	
Prior Year Enrollment	01-00-20-0000-0000-8899	\$	
MISC Enrollment	01-00-20-0000-0000-8899	\$	
Tuition	01-00-20-0000-0000-8880	\$	
Prior Year Tuition	01-00-20-0000-0000-8880	\$	
MISC Tuition	01-00-20-0000-0000-8899	\$	
Pay Plan Overpayment	01-00-20-0000-0000-8899	\$	
Misc Overpayment	01-00-20-0000-0000-8899	\$	
Student Center Fee	73-00-20-0000-0000-8883	\$	
Parking	01-50-20-0000-5001-8881	\$	
ASB Card - VVC	01-50-20-0000-4005-8849	\$	
Student Rep Fee - VVC	01-50-20-0000-4005-8884	\$	
Student Rep Fee - Chancellor's	01-50-20-0000-4006-8884	\$	
Student Transportation Fee	01-50-20-0000-4007-8886	\$	
FT Materials	01-50-20-0000-4060-8877	\$	
AJ/CJ Materials	01-50-20-0000-4061-8877	\$	
		\$	
		\$	