



APPLICATION FOR REFUND

Admissions and Records Office
980 Fremont Street
Monterey, CA 93940

Refunds are NOT automatic. An Application for Refund form must be submitted for any course(s), including canceled courses, to the Admissions and Records Office by the end of the semester/session in which a refund is due.

Name: _____ SID#: _____/_____/_____

Address: _____ Telephone #: _____

City/State/Zip Code: _____ Semester/Session & Year _____

NOTE: A refund processing fee of \$10.00 will be withheld from the refund of the Enrollment Fee for courses dropped that have not been canceled by the College. Please allow up to eight (8) weeks after the Late Registration period for processing. Refunds are processed by Student Accounts. If a credit card was used, the refund will be credited back to the credit card. Refunds will NOT be mailed to students who have campus debts.

TYPE OF REFUND REQUESTING (check all applicable)

- Student Center Fee, Health Fee, Enrollment Fee (minus \$10.00 processing fee), Nonresident Tuition, Student Body Fee, Material Fee(s) (course(s))

Parking Permit (The College has only TWO reasons to refund the Parking Permit and the PARKING PERMIT MUST BE ATTACHED to this form)

- Class(es) canceled by the College, ALL courses were dropped before the end of the second week of the semester/first week of summer session

Before submitting this form, you must have dropped the courses for which you are requesting a refund.

Course(s) dropped: _____

Units remaining after this change: _____ If you paid by credit card, the expiration date of card: _____

Accepted at A&R by _____ Date _____

ADMISSIONS AND RECORDS OFFICE USE ONLY

TOTAL FEE PAID \$ _____

Student Center Use Fee \$ _____ Health Fee \$ _____ Nonresident Tuition \$ _____
Enrollment Fee \$ _____ Enrollment Fee \$ _____ (-\$10.00 processing fee)
Student Body Fee \$ _____ Parking Permit \$ _____
Material Fee \$ _____ (Class(es) _____)

AMOUNT TO BE REFUNDED TO STUDENT: \$ _____

Authorized by: _____ Date: _____

Comments: _____

FISCAL SERVICES USE ONLY

Date: _____ Amount: \$ _____ Check Number: _____ Initials: _____