



Office of Postsecondary Career and Technical Education

Please Mail To: _____
(School Site)

(Address)

(City) (State) (zip)

APPLICATION FOR REFUND

I enrolled on _____ at the _____ Center to
(Registration Date) (Location)
take the following class or classes:

1. _____
2. _____

I paid \$ _____ tuition fee and \$ _____ other fees and received receipt No. _____
I request a refund of my registration because:

Check One

- () 1. _____ Class closed on _____
(Date)
- () 2. Never attended class
- () 3. Attended class _____ days (up to 5 days after the class start date)
- () 4. Other: _____

Please mail remittance to:

(Name)

(Address)

(City)

(Signature of Student) (Student ID No.)

OFFICE USE ONLY

Amount of refund \$ _____ Check No. _____/Credit Card Approval No. _____
Completion / Withdrawal code _____ Reason _____ Date _____

Comments _____

Approved by _____
(Adult Principal or Designee)

cc: Treasurer
Financial Aid Officer
Registrar
Student