

Tuition Refund Form

Last Name: _____ First Name: _____ Student ID#: _____

Address: _____ City: _____ State: _____ Zip: _____

Withdraw Date: _____ Quarter: _____ Program: _____ Credit/Units Registered: _____

Credit/Units Dropped: _____ Tuition Paid: _____ Refund Request: _____

Reason for Tuition Refund: (please be specific)

Note: If part of the courses registered are dropped before the end of the add/drop deadline, the corresponding tuition paid will be refunded upon request. If the notice of withdraw from entire program is given before the end of 5th week, a pro rata refund will be issued to the student. The amount of refund is calculated according the following schedule.

New Student Refund %	Days in Quarter	Continuing Student Refund %	Days in Quarter
100%	0-1	100%	0-1
90%	2-7	90%	2-7
80%	8-14	50%	8-18
70%	15-21	25%	19-35
60%	22-28	0%	36+
50%	29-35		

Student Declaration: I voluntarily withdraw from the program of _____. I understand that my student status will be terminated and my I-20 documentation will be canceled immediately if below full-time enrollment. I have reviewed this form and understand that the refund check will be sent to me within 7 business days.

Student's Signature: _____ Today's Date: _____

Home Phone#: _____ Work Phone #: _____

Registrars' Office Signature:

Accounting Office Signature:

Refund Amount Approved \$ _____ Approved by: _____