School of Continuing Education
North Orange County Community College District
Change. Cultivated.

REFUND PETITION

Date received: _____
Received by: _____

STUDENT NAME _____ STUDENT ID @ _____
(Last) (First) (Middle)

ADDRESS _____ APT./UNIT _____

CITY _____ ZIP _____ PHONE (_____) _____

Indicate all course numbers (CRNs) dropped. Write an explanation below on lines provided. PLEASE PRINT.

CRN	Course Title	Start date	Amount paid

Per State Education Code regulations, refund checks must be made payable to the student of record.
Note: A processing fee of $10.00 will be deducted from all approved refunds one time per term per student.

In filling out and signing this petition, I understand that it does not guarantee a refund will be issued. Petitions will be approved for drops made 48 hours (two business days) prior to the first class meeting. The only other criteria considered for refunds are circumstances where the course differs from the way it was described in the class schedule, such as wrong start date, wrong time or wrong location.

Student's Signature: _____ Date: _____
(Parent or guardian for Kids College students)

---------- **OFFICE USE ONLY** ----------

Received at Wilshire: _____
Term: _____

☐ Approved. Date check mailed: _____ Check number issued: _____
☐ Denied. Reason: _____
☐ Pending documentation: _____

Administrative Signature: _____ Phone: _____ Date: _____

Copy distribution: WHITE: Manager PINK: Wilshire Campus YELLOW: Student

ml 09/08/2010