

# COLLEGE OF THE DESERT

## REQUEST FOR REFUND

43-500 Monterey Avenue Palm Desert, CA 92260 (760) 773-2516

\_\_\_ Fall \_\_\_ Spring \_\_\_ Summer \_\_\_ Year

**Fee credit may only be established for classes dropped by the deadline to be eligible for a refund/credit. Fee credits cannot be carried over into a subsequent semester. They must be used during the current semester or a refund requested by the applicable deadline date.**

**Classes must be dropped before you request a refund**

The following are refundable only if classes were dropped by the *deadline to be eligible for a refund*:

- Student Representation - Refunded only upon complete withdrawal.
- Parking - Refunded only upon complete withdrawal. Sticker must accompany this request.
- Health - Refunded only upon complete withdrawal.

- Enrollment -
- Non-Resident - For classes dropped by the deadline. Deadlines vary for short or late starting classes.
- Foreign Tuition -

NOTE: - If you have been notified by the Financial Aid Office that you qualified for a Board of Governors (BOG) Waiver, you may request a refund of enrollment and health services fees paid for the current semester only. Your request for refund must be submitted before the end of the semester. BOGW verification must accompany this request.

**\*\* Processing may take up to 6 weeks. \*\***

Name \_\_\_\_\_  
Last, First MI Student ID Number

**Is this a New Address?** \_\_\_\_\_  
Mailing Address/Number Street Apt. Number  
 \_\_\_ Yes \_\_\_ No  
 \_\_\_\_\_  
City State Postal Zip Code

Daytime Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Evening Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Reason for refund. \_\_\_\_\_

*Student Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

**Admissions Office Use Only**

Enrollment \_\_\_\_\_  Approved  Denied By \_\_\_\_\_ Date \_\_\_\_\_

Student Center \_\_\_\_\_ \_\_\_\_\_ to Parking Sticker Issued? \_\_\_\_\_  
Date Yes/No Sticker Number

Student Rep. Fee \_\_\_\_\_  
 Student ID \_\_\_\_\_  
Verified by \_\_\_\_\_ Date \_\_\_\_\_  
 Parking Clerk Initials

Health \_\_\_\_\_ **CDL/ID Presented** \_\_\_\_\_  
A&R Initials

Foreign Tuition \_\_\_\_\_  
 Comments/Special Instructions \_\_\_\_\_

EC Foreign \_\_\_\_\_

Non-Resident \_\_\_\_\_

Parking \_\_\_\_\_

**Other** \_\_\_\_\_ **Processed by** \_\_\_\_\_ **To Accounting** \_\_\_\_\_  
A&R Specialist Signature Date

**Total** \_\_\_\_\_ **Date Paid** \_\_\_\_\_ **Paid by** \_\_ ck \_\_ ca

**Accounting Office Use Only**

Date received \_\_\_\_\_ Holds \_\_\_\_\_ Check Ordered On \_\_\_\_\_

