CALIFORNIA STATE UNIVERSITY
Stanislaus
OFFICE OF EXTENDED AND INTERNATIONAL EDUCATION

# REQUEST FOR REFUND

**Student ID#:**_____

**Name (Please Print):**_____

**Address:** _____

**Phone Number:** _____

**Signature:**_____ **Date:** _____

**I request the allowable amount of refund of fees paid for the following term:**

❑ **Fall** ❑ **Winter** ❑ **Spring** ❑ **Summer** **Year:** _____

**Did you receive Financial Aid for the current year?** ❑ **Yes** ❑ **No**

**Reason for Request:**

❑ **Course Drop** ❑ **Course Cancellation** ❑ **Other**

**Explanation:**_____

_____

Note: Please see the Extended Education website www.csustan.edu/uee for the official refund policy

**For Office Use Only:**

Current Units Enrolled:_____ Units Dropped: _____ Date of Change: _____

❑ Request Approved:_____ ❑ Request Approved: _____
Authorized Signature Accounting Office

❑ Reason Denied: _____

## Accounting Office Information

| | Detail Code | Refund Due | |
|---|---|---|---|
| Amount Paid for: | _____ | _____ | Receipt No._____ |
| Extension Refund: | _____ | _____ | |
| Withdrawal/Drop fee: | _____ | _____ | Date:_____ |
| Withheld for other fees: | _____ | _____ | Invoice No._____ |
| Reason | _____ | | |
| **Total Refund:** | | $_____ | |