San Jose/Evergreen Community College District
Request For Refund

Note: Refund requests received after the deadline must be accompanied with a General Petition and documentation. Check Schedule of Classes for refund information/deadlines. Please allow 6 to 8 weeks for processing of payment after deadline.

Notice: There is a one time $10 processing fee per semester.

Please Print: SID# _____ or

Name: _____ SS# _____
Last First M.I.

Please send my refund to the following address:

Address: _____ _____
Number & Street Apt. #

_____ _____ (_____) _____
City State Zip Telephone

Is this an address change? _____.

I am requesting a refund for _____ SJCC or _____ EVC for the _____/_____
Semester / Year (One form per session)

The approximate amount of my refund is $ _____

Reason(s) For Refund: Please mark the correct reason(s)

_____ I have officially dropped the following classes: (One-time processing fee charged per term)

				Start Date	End Date	Drop Date	Units
Reg.ID# _____	Dept/Crse# _____	Section# _____					
Reg.ID# _____	Dept/Crse# _____	Section# _____					
Reg.ID# _____	Dept/Crse# _____	Section# _____					
Reg.ID# _____	Dept/Crse# _____	Section# _____					

_____ The following class(es) have been cancelled: (No processing fee charged)

			Verified By	Units
Reg.ID# _____	Dept/Crse# _____	Section# _____		
Reg.ID# _____	Dept/Crse# _____	Section# _____		

_____ I am requesting a refund for the Associated Student Activity Fee. (Must be approved by **ASB**. No processing fee charged)

_____ I obtained a fee waiver after I paid for may classes: (One-time processing fee charged per term)

_____ Other, Please state reason: _____

I would like to make a donation of $ _____ to the SJECCD Foundation for (check one):
Student Scholarships _____ **Or** College Support _____

Student Signature _____ Date Signed _____

FOR OFFICE USE ONLY

Credit due $ _____ Received by: _____ Date: _____
Processing fee - _____ Classes Dropped? _____
Transfer to - _____ ( ) Approved by: _____
Money holds - _____ ( ) _____ Denied by: _____
_____ Request turned in after deadline.
Total Refund: $ _____ _____ No credit balance: reason(s) circled*
*Classes dropped after deadline
Remarks: _____ *Added additional classes
*Transferred $_____to_____
Date Sent to District Offices: _____

Original Copy : Accounting D.O. Yellow Copy: A/R Office Pink Copy: Student