

INTERNAL USE ONLY	
APPROVED	<input type="checkbox"/>
DENIED	<input type="checkbox"/>

REQUEST FOR APPLICATION FEE REFUND

ATTENDING CAMPUS INFORMATION

Campus Name: _____ Campus ID: _____

APPLICANT INFORMATION

Last Name: _____ First Name: _____

Employee ID: _____ Application Date (Estimated): _____

Billing Address:

(Number and Street) (City) (State) (Zip Code)

TRANSACTION INFORMATION

Payment Type: _____ (Please Attach Copy of Receipt)

If Transaction Type Is Credit Card, state Card Type and enter last 4 digits of Card Number below:

Card Type: _____ Last 4 digits of Credit Card Number: _____

**If refund is accepted, refund will be processed within four weeks after receipt of request.*

FOR INTERNAL USE ONLY

REASON FOR APPROVING OR DENYING REFUND:

Sent By (PRINT NAME): _____

Date Sent to Cashier's Office: _____

Please Select One:

- Refund can be processed
 Refund SHOULD NOT be processed

Signature: _____ Date: _____