REQUEST FOR SPECIAL CIRCUMSTANCES REFUND

NAME: _____ I.D.#: _____

ADDRESS: _____

_____

PHONE: _____

I am requesting a Special Circumstances Refund in the amount of $_____, for the _____ semester due to the reason indicated below:

- ❑ Death of Student: This request must be supported by a copy of the signed death certification, which must be attached to the Request for Special Circumstances Refund.

- ❑ Compulsory Military Service: A copy of the signed military orders must support this request, and must be attached to the Request for Special Circumstances Refund.

- ❑ Campus Variation: This request must be supported by the signed verification from a University department that it erred in providing information to the student, which resulted in the student's failure to meet a deadline (e.g., departmental verification that information was provided to the student, which differs from information published in the Schedule of Classes).

- ❑ Fees Collected in Error: This request must be supported by written verification from a University department that the campus collected funds from the student for a semester and then subsequently determined the student to be ineligible for enrollment for that same semester (e.g., documentation which displays that student was academically disqualified).

- ❑ None of the Above: I understand that the California Code of Regulations/Title V restricts the credit of registration fees and/or tuition to the deadlines as published in the Schedule of Classes. However, since I do not qualify for one of the above four categories available in Title V, I have attached a statement of my situation for special consideration.

When a refund is requested due to a physical disability, the student should NOT request a special circumstances refund. Instead, the student must complete a Medical Withdrawal Request/Statement of Disability form obtainable at Enrollment Services BH-101. Refunds will be calculated on a prorata basis. Please refer to the Schedule of Classes refund section.

My signature on this application acknowledges that I have received, read and understand the policies and procedures for filing this application.

_____ _____
Signature of Student Date

_____ _____
Received By Date