



Student Business Services  
 (657) 278-2495 / Fax (657) 278-4630

## Application to Appeal for a Reversal of Fees

This appeal is to request that registration fees be reversed due to a withdrawal from classes before fees have been paid and after the refund deadline. It is the student's responsibility to follow the appropriate procedures for dropping classes.

**All refunds appeals must be submitted within one year from the term being appealed.**

### To be completed by student:

CWID: _____	My fees were to be paid by:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Student</th> <th style="width: 33%;">Sponsor</th> <th style="width: 33%;">Fin. Aid</th> </tr> <tr> <td style="height: 20px;"> </td> <td> </td> <td> </td> </tr> </table>	Student	Sponsor	Fin. Aid				Appeal Requested for Term (circle one): Summer   Spring   Fall   Winter year _____
Student	Sponsor	Fin. Aid							
Name: _____ <small>(Print) Last, First MI</small>									
<b><u>Please make sure Student Center has your current address.</u></b>									
E-mail address: _____		Contact number: _____							
_____ <small>Student's Signature</small>		_____ <small>Date</small>							
<b>(Please use Blue or Black ink and <u>DO NOT</u> write on the back of this form).</b>									

I am requesting a reversal of registration fees for classes dropped after the published refund deadlines. My reasons fall into one of the following exceptions, and I am submitting with proper documentation. I understand that this request will be reviewed by the Appeals Committee and that their decision is final.

**Death of Student:** Request is made by parent or executor of estate. Attach copy of death certificate.

**Military Service:** Attach copy of U.S. military compulsory orders.

**Other:** Please describe in detail and attach all supporting documents.

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Student or Authorized SignatureDate

### Appeals Committee Use Only:

<input type="checkbox"/>	<b>Approved:</b> Full refund.
<input type="checkbox"/>	<b>Approved:</b> Prorated refund.
<input type="checkbox"/>	<b>Denied:</b> Respond with letter, reason for denial attached.
_____ <small>Authorized Signature</small>	
_____ <small>Date</small>	

### Financial Aid Office Use Only:

<input type="checkbox"/>	No repayment of Title IV Funds required.
<input type="checkbox"/>	Repayment of Title IV Funds required per attached schedule.
_____ <small>Verified by FAO Representative</small>	
_____ <small>Date</small>	