



PASADENA AREA COMMUNITY COLLEGE DISTRICT  
 CASHIER'S OFFICE  
 1570 East Colorado Boulevard  
 Pasadena, California 91106-2003

## REFUND APPLICATION

PLEASE PRINT LEGIBLY

Semester \_\_\_\_\_ Year \_\_\_\_\_

Social Security Number (Student I.D. Number) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

COMMENTS: \_\_\_\_\_

**METHOD OF REFUND** (Check one)

- Mail
- Pick up at Student Business Services if under \$100.00  
**If I do not claim my refund by the end of the present semester, I understand my refund will be forfeited.**

Type of Refund

- Registration Fees (based on computer drop/withdrawal date)
- Parking (**PERMIT MUST BE ATTACHED FOR REFUND**)
- Course Fee (i.e. material)

\_\_\_\_\_  
 Approved by Division Dean

- Board of Governors Grant Fee Waiver
- Extended Learning Class

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Approved by Cost Center Manager

Submit original and yellow copy / Retain pink copy

**FINANCIAL AID**

Office Use — Do not write below this line

Verification Date _____	Account No. <u>03 8876 6407 0000</u> (Health Fee)	\$ _____
Tuition Refund Per Cent _____	Account No. <u>01 8874 0000 0000</u> (Enrollment Fee)	\$ _____
Health Fee Refund Per Credit _____	Account No. <u>01 8880 0000 0000</u> (Non-Resident Tuition)	\$ _____
	Account No. <u>01 8877 0000 0000</u> (Course Fee)	\$ _____
Student on FA _____ Refund	Account No. <u>01 5440 6712 0000</u> (Insurance)	\$ _____
Student _____	Account No. <u>03 8881 0000 5000</u> (Parking)	\$ _____
PELL _____	Account No. <u>01 9542 0000 0000</u> (ASB Fee)	\$ _____
SEOG _____	Account No. <u>01 8872 6114 0000</u> (Extended Ed.)	\$ _____
EOP _____	Account No. <u>41 8880 0000 0000</u> (Facilities Fee)	\$ _____
Other _____	Account No. _____	\$ _____
FA Initial _____	Account No. _____	\$ _____
Total Computed Refund		\$ _____

Approved by \_\_\_\_\_ Date \_\_\_\_\_