

FEE(S) REFUND FORM

VENTURA COUNTY COMMUNITY COLLEGE DISTRICT

Fee(s) Refund Request Form "THIS IS NOT A CLASS DROP REQUEST"

STUDENTS MUST DROP THEIR CLASS(ES) BY THE CREDIT DEADLINE BEFORE A REFUND CAN BE ISSUED.

Date: _____

**OFFICE
WILL
COMPLETE**

<input type="checkbox"/> Enrollment Fee	Amount	\$ _____
*Deduct: Administrative Fee		\$ -10.00
<input type="checkbox"/> ASB Card		\$ _____
<input type="checkbox"/> Health Fee		\$ _____
<input type="checkbox"/> Materials Fee - Subject _____		\$ _____
<input type="checkbox"/> Non-Resident Tuition (prorated).		\$ _____
<input type="checkbox"/> Parking Fee (Permit Attached)		\$ _____
<input type="checkbox"/> Student Center Fee		\$ _____
<input type="checkbox"/> Web Registration Fee - nonrefundable		\$ _____
<input type="checkbox"/> Other _____		\$ _____
TOTAL REFUND		\$ _____

*** A refund from a dropped class will be charged a \$10.00 administrative fee once per semester.**

Overpaid BOG fee waiver 3rd Party Cancelled Class Dropped

Comments: _____

Name (print): _____

Student I.D. Number: _____ Phone: _____

Address: _____

Signature: _____

CHECKS ARE COMPUTER-GENERATED. YOUR ADDRESS MUST BE ACCURATE IN THE ADMISSIONS & RECORDS OFFICE!

A refund check will be mailed. Please allow 4-5 weeks for receipt of your refund.

- Options for Refund:
- Bring this request to the Ventura College Student Business Office **or**
 - Mail this request to Ventura College Student Business Office (VCSBO),
■ 4667 Telegraph Rd., Ventura, CA 93003 **or**
Fax this request to: (805) 289-6050, Alternate number: (805) 289-6488 **or**
 - E-mail: lsmith@vcccd.edu

Please credit my credit card: Acct #: _____ Exp. date: _____

Credit Card Signature: _____

OFFICE USE ONLY

Verification / Office: _____ Date: _____

Refund Processed by: _____ Date: _____

Amount \$ _____ Check No. _____ Date: _____

VENTURA COLLEGE

Revised: 10/04/2016