



REQUEST FOR TUITION REFUND

Do you have F-1 Status Yes No
 (If yes, you **MUST** see the International Student Advisor in C-354 to Check your status **BEFORE** completing this form)

Last Name, First Name	CE ID#
Address	Apt#
	City
	State, Zip Code

Payer Information (If different from above)

Last Name, First Name			
Address	Apt#	City	State, Zip Code

	Course Code	Course Amount	Amount Paid
Course Name			
Course Name			
Course Name			

Reason for refund: _____

*Student Signature _____

***written request must accompany the form if request is taken over the phone.**

FOR OFFICE USE ONLY

	Refund Amount
100% for course cancelled by the college/Misadvised	
100% (less \$20 Registration Fee) if written request is received 3 business days prior to the 1st day of Class	
50% (less \$20 Registration Fee) if written request is received prior to the second week of class	

For courses \$299 and above or more than 50 hours of instruction time the following applies

75% (less \$20 Registration Fee) if written request is received prior to completion of 10% of class hours	
50% (less \$20 Registration Fee) if written request is received prior to completion of 20% of class hours	
Over Payment	
Total Refund Amount	

NO REFUND GRANTED AFTER THE REFUND PERIOD IS OVER

***Students on a Payment Plan: Refunds are based on the total amount of the course**

\$20 Registration fee is not refundable

Allow 4-6 weeks to receive refunds for payment made by cash

Allow 2 billing cycles for credit charges to reflect refund on monthly statement

Date _____ Staff Name (Please Print) _____

Year _____ Semester _____ Payment Method _____ QP Transaction # _____

Date _____ ACE EMS Manager Signature _____

Chargeback Case# _____