

Application for Refund of Fees

Please Print

Student I.D. Number: _____ Address: _____

Name: _____
Last First MI City State ZIP

I hereby request a refund as indicated below, less any amounts not refundable as established by State Law and Regulations.

Schedule Number/Course Number: _____ Semester: _____ Year: _____

Reason for request: Dropping course/units Overage Class Cancelled Reimbursement Appeal SLM
 Other (specify): _____

College of Professional and International Education Use Only

Amount Paid: \$ _____ Payment dated: _____ Payment type: _____

Date of first class meeting: _____ Effective date of drop: _____ Received by

Current CSULB Student Non-CSULB Student

Initials

Date Stamp Received

Student Payment Account Number: _____

CPIE Account Number: _____

Prepared By _____ Date _____ Reviewed By _____ Date _____

**Customer Account
Screen**

_____ _____
Initials Date

Obligation
Yes No

Amount: \$ _____

Manual Credit Posted By CPIE Accountant

_____ _____
Initials Date

Refund Amount Posted: \$ _____

Refund Batch Number: _____

Invoice Number: _____

Control Group: _____

Voucher I.D.: _____