

Application for Refund of Fees

California State University
Long Beach
College of Continuing and Professional Education



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 circle one:

- A. Dropping course/units B. Overage C. Class Cancelled D. Reimbursement E. Refund Approval
F. Other (specify) _____

College of Continuing and Professional Education Use Only

\$ _____ Payment dated _____ Payment type _____

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

Units: Enrolled for _____

Dropped _____

Added _____

Current _____

Circle One: three week course

Semester course two week course

six week course one week course

Date Stamp Received

Account No. _____

Approved Signature _____ Date _____ Approved Signature _____ Date _____

Customer Account Screen

_____ _____
Initials Date

Obligation
Yes No

Amount: \$ _____

Manual Credit Posted _____ By CCPE
_____ _____
Initials Date

Refund Amount Posted: \$ _____

CCPE Refund Request Completed (Credit cards only)

_____ _____
Initials Date

Refund Batch Number: _____

Invoice Number: _____

Control Group: _____

Voucher ID: _____