

COMMUNITY PROGRAMS CONTINUING EDUCATION
KIDS' COLLEGE REQUEST FOR REFUND

Date Prepared: _____ **Prepared By:** _____

Check Payable to: _____

Mail Refund to: _____

City: _____ **State** _____ **Zip** _____

Student's Name: _____

Social Security No. _____ **Student ID:** _____
(for office use only)

Course Name _____

Refund Amt. \$ _____ **Order #** _____

Course Name _____

Refund Amt. \$ _____ **Order #** _____

Course Name _____

Refund Amt. \$ _____ **Order #** _____

Reason for Withdrawal

Parent Signature _____ **Date** _____

Approved _____ **Date** _____

Continuing Education

REFUND POLICY

Fees will be refunded ONLY if a student withdraws by noon on the Thursday proceeding the first day of the session (NO EXCEPTIONS). A 10.00 processing fee will be assessed. All "Request for Refund" forms may be completed in person at the Continuing Education office located in the Scharbauer Student Center, room 214 or by faxing to (432) 685-6412. Refunds take up to 30 days to process.

CE office use only

Less processing fee: _____

Total refund: _____