PERALTA COMMUNITY COLLEGE DISTRICT/BERKELEY CITY COLLEGE REFUND REQUEST FORM

To be completed by student:	*For Official Use Only*
Name:	**Refund for:** Term Year
Student ID#	Student Paid by:
Address	Cash $ _____
City State Zip	Check $ _____
Phone ( )	Credit Card $ _____ CR # _____
email address:	
☐ Credit Card ☐ Mail ☐ Pick up	Less: Processing Fee: $_____
Refund Procedure:	Refund by:
Payments made by credit card /online will be refunded back to the credit card used for payment. Refund check will be issued for payments made by cash, check / online E-Check .	Check#_____ $_____
Note: Refund of tuition paid by a business, trust, government agency, military installation, etc, will be returned to the organization unless otherwise stated by the Payee.	Credit Card#_____ $_____
If ALL Classes are Dropped: There will be a $10.00 service charge for processing fee.	
Please allow 4 to 6 weeks after last day to add classes for processing.	**TOTAL NET REFUND** $_____
Student Signature: Date	Refund Process by: Date