

## Laney College Refund Request Form

<i>To be completed by student</i>		Student ID#	
Phone (    )		Term                      Year	
Email		<i>For Official Use Only</i>  <b>Refund:</b> Enrollment.....\$ _____ Less \$10 Service...\$ _____ = \$ _____  SCUF Fee .....\$ _____  Tuition.....\$ _____ Less 10% .....\$ _____ = \$ _____  Capital Outlay .....\$ _____ Less 10% .....\$ _____ = \$ _____  Parking.....# _____ = \$ _____  Other: _____ = \$ _____ _____ = \$ _____	
Name			
Address			
City	State		Zip
Paid by: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card			
Reason For Request: <input type="checkbox"/> Class Cancelled <input type="checkbox"/> BOGG <input type="checkbox"/> Other			
<u>There will be a \$10 service charge if all classes are dropped.</u> Please allow 4 to 6 weeks after last day to add classes for processing.			
Student Signature:	Date:	92012/1M	
Refund Authorized by:	Date:	<b>TOTAL REFUND</b> \$ _____	