

## **Refund Request Form**

THE COLLEG	ne.	PLEASE PRINT CLEA	ARLY		
H#	Last N	STUDENT INFORM		ne	
				Number	
	eet Number	Ci	ty	Zip Code	
		REFUND REQUEST INFO	DRMATION		
Semester: ☐ Sum	mer 🗆 Fal	I D Winter	🗆 Spring _		
Request For:   Cred	it Course 🛭 Co	mmunity Ed Fee Based Cour	se 🛘 Parking Permit	□Other List Item/Attach Documentation	
Amount Requesting \$					
Student Signature		·	Date _		
	Required for Process	_			
	exception Request	for Enrollment Fees, use the E	extenuating Circumstar		
office at 805-922-6966 ext. 3270 or email <a href="mailto:cashiering@hancockcollege.edu">cashiering@hancockcollege.edu</a> . Please do not issue a "stop payment" or a "credit card dispute" on your payment. This will result in an additional fee and a hold on your student account. All refunds are processed within 30 days.  FOR OFFICE USE ONLY					
Form Received By			Date		
Credit Course Refund Please take this form to	•	e at the Santa Maria campus, E	Bldg. A, or Lompoc cam	pus, Administration office.	
☐ Approved ☐ Denied					
	Reviewed By	Date	Approved By (If Re	equired) Date	
Non Credit or Fee Bas Please take this form to	•	iest Community Education office, bu	ilding S. for review.		
☐ Approved ☐ Denied					
	Reviewed By	Date	Approved By	Date	
Parking Permit Excep Parking permit must be	•		ns will be forwarded to	the AHC Police Dept. for review.	
☐ Approved ☐ Denied	Paulaurad D.	<u>-</u>	Annual Division of		
	Reviewed By	Date	Approved By	Date	

Other Refund Request – Write Explanation and attach paperwork if needed.