



## Extenuating Circumstances Refund Request Form

Students who find it necessary to drop individual classes or withdraw from school may apply for a refund if class(es) are dropped within 10 percent of the scheduled class time. They should submit a "Refund Request Form". The deadlines for your classes are listed online under your student account schedule bill. Critical dates for each course i.e.; Last day to drop with a refund, Last day to drop without a "W", etc. are listed on myHancock class schedule. A \$10 refund processing fee (Title 5, Section 58508) will be assessed for each approved refund request. The \$10 processing fee does not apply when classes are cancelled by the college.

**A student may submit this form if he/she was not able to drop classes by the published deadline due to extenuating circumstances.** This may include: Family emergencies, injury, illnesses or employment. All situations require written verification from an official source and must have documented dates confirming the extenuating circumstances.

Name: \_\_\_\_\_ H# \_\_\_\_\_ Semester/Year \_\_\_\_\_  
(Last) (First) (MI) Student I.D. Number

Address: \_\_\_\_\_ Tel# \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

### Information needed for refund exception:

CRN#	Course Name	Units	Last day to drop	Date class was dropped

### The following documents must be attached to this form:

- Written statement explaining reason for refund exception request
- Supporting documentation (Signed Doctors notice, Signed letter from employer, etc.)
- Copy of your unofficial transcript

### Submit form and attachments to:

Allan Hancock College  
800 South College Drive  
Santa Maria CA 93454-6399  
Attn: Vice President, Student Services

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required for processing)

For inquires, contact Espie Valenzuela at [evalenzuela@hancockcollege.edu](mailto:evalenzuela@hancockcollege.edu)

**DO NOT WRITE BELOW THIS LINE**

### Refund request recommendation from Vice President, Student Services

Student Services Vice President Signature: \_\_\_\_\_ Approved  Denied

Date submitted to Dr. Miller for final Approval: \_\_\_\_\_

\_\_\_\_\_  
Elizabeth A. Miller, Ed.D. Associate Superintendent/Vice President, Administrative Services Approved  Denied