



3000 Campus Hill Drive
 Livermore, CA 94551
 Building 700
 Phone: (925) 424-1500
 Fax: (925) 606-6437
<http://www.laspositascollege.edu/admissions>

Office of Admissions and Records

REQUEST FOR REFUND FORM

ENROLLMENT FEE REFUND POLICY

- 1.) No refunds will be given to students who withdraw from classes after the No-Grade-of-Record (NGR) deadline.
 For refund deadline see the Academic Calendar at our website, Class Schedule booklet or at Admissions and Records Office.
- 2.) A \$10 processing fee will be subtracted from each enrollment fee refund (with the exception of classes cancelled by the College.)
- 3.) Refund checks will be sent by mail approximately 6- 8 weeks after the NGR deadline.
- 4.) NON-RESIDENT AND INTERNATIONAL TUITION REFUND POLICY - In addition to the above will be given as follows:
 - * Prior to the first day of instruction - 90%
 - * During the first week of instruction - 75%
 - * After the first week of instruction - NO REFUND

I understand the conditions of the policy stated above.

SEMESTER: SUMMER FALL SPRING YEAR _____

STUDENT ID:	NAME (Please Print) Last, First, MI
ADDRESS (Number, Street, City, State and Zip Code)	PHONE

REASON FOR WITHDRAWAL: (Please check)

- | | | |
|---|--|---|
| <input type="checkbox"/> Become employed/unemployed | <input type="checkbox"/> Financial need | <input type="checkbox"/> Class cancelled by college (waived processing fee) |
| <input type="checkbox"/> Personal/family concerns | <input type="checkbox"/> Schedule conflict | <input type="checkbox"/> Other (list): _____ |

COMMENTS: _____

STUDENT'S SIGNATURE: _____ **DATE:** _____

Please mail this form to: Las Positas College Attn: Refund, Bldg 700 3000 Campus Hill Drive Livermore, CA 94551	or	Fax to: Attn: Refund (925) 606-6437	or	Scan and email: Attn: Refund lpc-admissions@laspositascollege.edu
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DO NOT WRITE BELOW THIS LINE ADMISSIONS OFFICE USE ONLY

ENROLLMENT FEE SUBJECT TO REFUND	\$	
DIFFERENTIAL FEE SUBJECT TO REFUND	\$	
NON-RESIDENT TUITION SUBJECT TO REFUND _____ %	\$	
LESS PROCESSING FEE		(\$10.00)
OTHER		
AMOUNT OF REFUND	\$	

Prepared by: _____ Approved by: _____ Date: _____
Dean of Enrollment Services

BUSINESS OFFICE USE ONLY

Total amount refunded: \$ _____ By: _____