

California State University Fresno

Miscellaneous Refund Application

(Minimum \$5.00)

REFER TO REFUND POLICY IN THE SCHEDULE OF COURSES

DATE

LAST NAME, FIRST M.I.

STUDENT I.D. NUMBER

MAILING ADDRESS

() _____
PHONE NUMBER

CITY STATE ZIP CODE

STUDENT SIGNATURE

DEPARTMENT APPROVAL

- Alumni Placement
- Admission Applications
- Diploma, Regular/Grad (Circle)
- Grade Substitution
- Health Fees/Pharmacy (Circle)

- Library Fines/Books (Circle)
- Parking Decal
- Transcripts, Regular/Ext. Ed. (Circle)
- Other _____
DESCRIPTION

Reason for refund: _____

=====DO NOT WRITE BELOW THIS LINE=====

Amount Paid \$ _____

Refund Amount \$ _____

Receipt Date: _____

Check Number Date

CREDIT STUDENT ACCT: Term _____ Date _____ Sc _____ Amt _____

Signature, Accounting Official