



# REQUEST FOR REFUND DOWNEY ADULT SCHOOL

Date: \_\_\_\_\_

**PLEASE PRINT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Class Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

## For Student Initiated Refund Requests:

*I understand that D.A.S. may issue a refund, less a \$50 (CTE) or \$10 (all other classes) processing fee, if the request is made prior to the third class meeting. There are no refunds on textbooks or uniforms. If approved, refunds will be received within 4 to 6 weeks of request.*

\_\_\_\_\_  
*Student's Initials*

Reason for Refund: \_\_\_\_\_

**\* Must have receipt attached \***

### FOR OFFICE USE ONLY

Student ID: \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Start Date: \_\_\_\_\_

By: \_\_\_\_\_

LDA: \_\_\_\_\_

(Administrator)

<i>Department Entries</i>	<i>Initials</i>
\$ _____ Book Fee	_____
\$ _____ \$50/\$10 Processing Fee	_____
\$ _____ Scheduled Hours	_____
Teacher Notified	_____
Financial Aid Notified	_____
Approved: Yes	No

### **Amount Refunded:**

Prorated Fee(s): \$ \_\_\_\_\_

Fee(s) Paid: \$ \_\_\_\_\_

Total Refund/(Due): \$ \_\_\_\_\_

### *Refund issued:*

- ☐ To original Credit Card
- ☐ By Revolving Cash check
- ☐ By Imprest check # \_\_\_\_\_

Charge to account number: \_\_\_\_\_

Accounting Dept. Verification \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials)

Entered in Campus Cafe \_\_\_\_\_ Date: \_\_\_\_\_  
(Initials)