REQUEST FOR REFUND
DOWNEY ADULT SCHOOL

Date: _____

PLEASE PRINT:

Name: _____

Address: _____

City: _____ Zip Code: _____

Daytime Phone: _____

Class Name: Select class from list 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 6 to 8 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)

Department Entries		*Initials*
$ _____	Book Fee	_____
$ _____	$50/$10 Processing Fee	_____
$ _____	Scheduled Hours ____	_____
	Teacher Notified	_____
	Financial Aid Notified	_____
	Approved: Yes No	

Amount Calculation:

Prorated Fee(s): $ _____

Fee(s) Paid: $ _____

Balance or (Refund) Due: $ _____

Refund issued:

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

Charge to account number:

Select a Program/Class

Accounting Dept. Verification_____ Date: _____
(Initials)

Entered in Campus Cafe_____ Date: _____
(Initials)

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