

STUDENT ADJUSTMENTS AND REFUNDS FORM



Student Name _____
Student Number _____
Program/Course _____
Start Date _____
Withdraw Date *(IF APPLICABLE)* _____

Initiating Employee _____
Date of Request _____

ADJUSTMENT INFORMATION

☐ Adjustment Required ☐ Adjustment Not Required

REASON: ☐ Forfeit of Seat Deposit
☐ Internal Transfer of Funds (HCAP, etc.) AMOUNT: _____
☐ Other, Please Specify

Details:

REFUND INFORMATION

☐ Refund Required: ☐ Refund Not Required

☐ Pay to Student
☐ Pay to Sponsor

Confirmed Refund Name and Address:

REASON: ☐ 100% - Withdraw Prior to Start Date
☐ 50% - Withdraw Prior to Refund Cut-Off Date
☐ 100% - Withdraw for Medical/Compassionate
☐ 50% - Withdraw for Medical/Compassionate AMOUNT: _____
☐ 100% - Overpayment
☐ Other, Please Specify

Details: