



Date Received: _____
Received by: _____

Health Insurance Refund Request Form for F-1 Students

**Note: Refunds may take up to 90 days from the date submitted. If there are any claims on file, insurance is not refundable.
After 31 days from the start of semester, a pro-rata refund will be issued only if SMC approves.**

Student's Name: _____ Date: _____

Amount paid: \$ _____ Premium requested: \$ _____ Approved by SMC: \$ _____ Pro-Rata \$ _____

The following student would like a refund of his/her insurance premium due to the following reason:

Did not attend classes for: **WINTER** **SPRING** **SUMMER** **FALL** **I did not take classes**

Terminated classes at SMC as of _____ / _____ / _____ (fill in date)

Additional Reasons (Please check one):

- Returning Home - Must present copy of airplane ticket or adequate parting documentation
- Change of Status – Must present copy of change
- Transferring - Must present copy of acceptance letter and/or I-20 from new school
- Denied Visa – Must send e-mail
- Other Reason _____

WIRE TRANSFER REQUESTED: YES _____ (**FEE OF \$12**) NO _____

Please provide current information below. If requested, check will be mailed to the following address: (please print clearly)

Name of Student: _____

Student SMC ID #: _____

Birthdate: _____

Address: _____

City, State, Zip: _____

Country: _____

Telephone # (_____) _____

E-Mail Address: _____ @ _____

Student Signature _____

OFFICE USE ONLY

Bursars Office Review

Student Audit Look-up Semesters: Winter 20__ Spring 20__ Summer 20__ Fall 20__

Student Fees Information _____ Approved by: _____

Not eligible due to _____ Last date of attendance _____

Authorized by: _____

Suong Nguyen, Int'l Admission Coordinator
Ana Maria Jara, Administrative Assistant

DATE APPROVED _____



**Petition for Emergency Ten (10) Days Refund of
Enrollment, Health, Student ID Fees, and Non-Resident Tuition (F1)**

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LAST NAME

FIRST NAME

MIDDLE NAME

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STUDENT ID #

SESSION/SEMESTER

DATE

REASON

_____ Return to Home Country (requires E-ticket)

_____ Medical Reason (requires Doctor's notification)

_____ Other _____

You will be refunded in a form of a wire transfer to your own bank account regardless of what type of payment was applied for enrollment. **(NO THIRD PARTY)**

REMINDER: All emergency refunds are subject to the normal refund processing fees as noted on your program receipt.

Phone Number _____

_____ @ _____

Student's Signature

Email Address

**Enrollment Fees
Payment Form:**

Cash

Check

Credit Card

Wire funds to:

_____ Your Full Name on the Account

_____ Account Number Type: checking Savings

_____ Bank Name

_____ SWIFT Code

_____ Country where bank located

Wire transfer Only (additional fee): YES

OFFICE USE ONLY

Signature (Dean's approval)

Date

Submit this form to the Bursar's Office to begin refund process

Santa Monica Community College District * 1900 Pico Blvd. * Santa Monica, CA 90405-1628 * (310) 434-4000

Dr. Kathryn E. Jeffery, Superintendent/President