



Petition for Emergency Ten (10) Business Days* Refund of Enrollment, Health, Student ID Fees, and Non-Resident Tuition (F-1)

LAST NAME	FIRST NAME	MIDDLE NAME
STUDENT ID #	SESSION/SEMESTER	DATE

REASON

- Return to Home Country (copy of departure ticket **required**)
 Medical Reason (letter from doctor required)
 Other _____

You will be refunded in a form of a check regardless of what type of payment was applied for enrollment.

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	<input type="checkbox"/>
Check	<input type="checkbox"/>
Credit Card	<input type="checkbox"/>

Mail to:		

Name		

Address		

Address		

City	Zip	Country

Request for wire transfer (*additional fee applies*): YES NO

OFFICE USE ONLY

Approved

Signature

Date

Denied Reason: _____

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

* Does not include weekends and holidays

Shared Folder /Tuition Refunds/amj2019