



Date Received: _____
Received by: _____

(Students please note: Refund process takes six to eight weeks from the beginning of the semester or date submitted if semester has already begun. If 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.)

SCHOOL: SANTA MONICA COLLEGE 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**), [was not eligible]
[Circle appropriate term(s)]

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

Additional Reasons (Please check one):

- Returning Home - Must present copy of Air Plane 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 _____

Student Signature _____

Please send the refund check to the following address: (please print clearly)

Name of student: _____

Student SMC ID # _____

Birthdate: _____

Address: _____

City, State, Zip: _____

Country: _____

Telephone # (_____) _____

E-Mail Address: _____ @ _____

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

Authorized by: _____ DATE APPROVED _____

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

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 _____

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