



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 (approval by Dean)

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