



**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)

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