



DROP/REFUND FORM FOR CONTINUING EDUCATION

Contract #

Student ID #

Name

Phone Number

Address

City/State

Zip Code

Course for Which Refund is Requested

Con Ed Term (Year and CE1, CE2, or CE3)

Date Class Started

Date Withdrawing from Class

I hereby request a refund of registration fee due to the following reason:

- Class Canceled
- Unexpected personal illness (verify by written documentation from doctor)
- Illness or Death in family that would prevent me from completing this class
- Change in employment status that would conflict with class schedule
- Relocation of domicile to another area (copy of whatever documentation used to notify you)
- Other (please specify) _____
- _____
- _____
- _____

Signature of Director or ECC Designee

Signature of Student

Signature of Divisional Dean

FOR BUSINESS OFFICE USE ONLY

Refund approved.
Amount of refund _____

Comments: _____

