

DELTA ID: 98-\_\_\_\_

## Admissions and Records 5151 Pacific Avenue, Box 102 Stockton. CA 95207

Email: admissions-followup@deltacollege.edu

## **REFUND REQUEST FORM**

<u>Refund Policy:</u> Refunds will be given for classes dropped before the end of the first two weeks of the term for full-term classes, or before the end of ten percent of the length of class for short-term and Summer Intersession classes.

If you drop or withdraw from San Joaquin Delta College, you are not necessarily entitled to a refund. Refunds are granted only for classes dropped by published deadlines. For full-term, latestarting or short-term classes, check the Schedule of Classes or your registration confirmation receipt for refund information.

\*This form is to be used **only** for refunds for courses dropped prior to the beginning of the term. All other refunds will be automatically generated once the term begins.

LAST NAME:	FIRST NAME:					
ADDRESS:						
CITY:	STATE:ZIP C	CODE: PHONE #:				
SIGNATURE:	ATURE:			DATE:		
this form you	ess above must be the same as are authorizing the Admission his form does not match your stud	s & Records Of	<del>-</del>			
AMOUNT	ТҮРЕ			TERM/Y	EAR	
\$	Non-Resident Tuition		F SP	R SU _		
\$	Enrollment Fee		F SP	R SU _		
AMOUNT	TYPE	ТҮРЕ		TERM/YEAR		
\$	Non-Resident Tuition		F SP	R SU _		
\$	Enrollment Fee		F SF	PR SU _		
Accounting Use		Admissions & Records Use				
Fee Type:	Non-Resident Tuition/Enrollment	Total Amount	Waive Pro	ocessing Fee	Processed By	

\$

YES

NO

Total: \$

Parking Other Processing