

Refund Request of Misc Fees

**OFFICE OF STUDENT SUCCESS AND
EDUCATIONAL EQUITY**



REQUESTOR'S INFORMATION *Please Print Clearly*

Name (First/Last):	Student ID #
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Mailing Address:	Phone #:
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City/State/Zip:

Email Address:	Today's Date:
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Fee or Service Paid: (Check Below) Form of Payment & Amount Paid: (Check Below)

<input type="checkbox"/> Commencement Fee	<input type="checkbox"/> Grad Check Fee	<input type="checkbox"/> Cash	\$
<input type="checkbox"/> Minor Request	<input type="checkbox"/> Change of Major	<input type="checkbox"/> Check	\$
<input type="checkbox"/> CSUSB Transcript	<input type="checkbox"/> Duplicate Diploma	<input type="checkbox"/> ATM / Credit Card	\$
<input type="checkbox"/> Letter of Intent	<input type="checkbox"/> Certificate Program	Transaction Date: (mm/dd/yy)	
<input type="checkbox"/> Course/Unit Verification	<input type="checkbox"/> Letter of Completion	*Receipt Number #	
<input type="checkbox"/> Rush Degree Posting	<input type="checkbox"/> Enrollment Verification		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

***Please attach a copy of the receipt**

Please provide a brief description for this request below:

PLEASE NOTE: If approved, please allow a minimum of 4 – 6 weeks for processing if paid by check.
For cash and credit card payments, please allow 5 – 7 business days.
An email notification regarding this request will be sent to you within 3 business days.

STUDENT SUCCESS AND EDUCATIONAL EQUITY ACCOUNTS PAYABLE

Amount Approved for Refund: \$ _____ Reason for Decision: _____	Vendor #	Voucher #
	Date:	Entered by:
	Check #	Amount \$
PS Chartfield:	Stock #	Dated:
SSEE Dept Approval/Date:	Reviewed By:	

SFS Dept Approval/Date:	White: Accounts Payable Yellow: SSEE
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