Refund Request of Misc Fees

OFFICE OF ENROLLMENT MANAGEMENT

- Office of the Registrar
- Admissions & Student Recruitment



REQUESTOR'S INFORMATION	Please Print Clearly			
Name (First/Last): Mailing Address: City:		Student ID #		
		Phone #: State and Zip:		
Email Address:		Today's Date:		
Fee or Service Paid: (Check Below)		Form of Payment & Amount Paid: (Check Below)		
CSU Application	Confirmation Deposit	Cash	\$	
Grad Check	Change of Major	Check	\$	
Minor Request	Duplicate Diploma	ATM / Credit 0	·	
CSUSB Transcript	Certificate Program		•	
Letter of Intent	Letter of Completion	Transaction Date: (mm/dd/yy)		
Course/Unit Verification	Enrollment Verification			
Rush Degree Posting	Other	*Receipt Number #		
		*Dlagge_ett	ach a copy of the receipt	
		Please atta	ach a copy of the receipt	
For cash	oved, please allow a minimun and credit card payments, p ion regarding this request w	lease allow 5 – 7 busin	ess days.	k.
ENROLLMENT MANAGEMENT DEPT APPROVAL		ACC	DUNTS PAYABLE	
Amount Approved for Refund: \$		Vendor #	Voucher #	
Reason for Decision:		Date:	Entered by:	
		Check #	Amount \$	
PS Chartfield:		Stock #	Dated:	
. o onarmoid.		Reviewed By:		
EM Dept Approval/Date:				
SFS Dept Approval/Date:		White: Accounts Payable Yellow: Enrollment Management		