

California State University, San Bernardino

Refund Request

Complete and submit to Student Financial Services, UH-035 or FAX to (909) 537-7607

Mail to: Attn: Student Financial Services, CSUSB, 5500 University Parkway, San Bernardino, CA 92407

Students will be charged a \$25 Administrative Fee due to a reduction in units. For refunds that do NOT pertain to tuition and fees, you must obtain departmental approval (see below) from the department administering the fee.

THIS FORM DOES NOT WITHDRAW STUDENTS FROM CLASSES.

It is the sole responsibility of the student to withdraw from classes.

STUDENT INFORMATION					
Term(s): _____		Amount Requested: _____			
MyCoyote ID: _____		Name: _____			
Street Address: _____					
City, State, Zip Code: _____				Tel.#: _____	
Signature: _____				Date: _____	
Reason for Requesting Refund: ☐ Reduced Units (prior to refund deadline) ☐ Administrative Error ☐ Received Financial Aid ☐ Dropped <i>all</i> Units ☐ Class Cancelled ☐ Other: _____					
Credit card and Cash Payments will typically be processed within 10 to 15 business days. If payment was made by check and you provide a copy of your cancelled check, we can expedite the refund; otherwise please allow 4-5 weeks. Applicable refunds can be transmitted via Direct Deposit. Sign up via your MyCoyote account prior to submitting form.					
DEPARTMENT USE ONLY					
Miscellaneous Fees: ☐ Application for Admission ☐ Transcripts ☐ Certificate ☐ Adm. & RRE Miscellaneous Fee ☐ Graduation Check ☐ Key (Misc. Revenue) ☐ Credential ☐ Other: _____					
Receipt Information: _____					
Receipt Number		Date		Amt. to Refund	
PeopleSoft Chartfield: _____					
Account		Fund		Dept.	
Project		Class		Other	
Department Approval: _____					
Signature				Date	
Housing Refund Amt.: _____ Housing Approval: _____					
STUDENT FINANCIAL SERVICES USE ONLY			ACCOUNTS PAYABLE USE ONLY		
Administrative Fee Assessed: _____			Vendor#: _____ Voucher#: _____		
Total Refund Processed: _____			Date: _____ Entered By: _____		
Processed By: _____ Date: _____			Check#: _____ Amount: _____		
Direct Deposit Check Credit Card			Stock#: _____ Dated: _____		
\$ _____ \$ _____ \$ _____			Reviewed By: _____		