

ARIZONA WESTERN COLLEGE
P.O. BOX 929
YUMA, AZ 85366-0929
PHONE: (928) 344-7700 FAX: (928) 317-6026

REQUEST FOR REFUND

NOTICE: If the college has cancelled a class – **DO NOT** complete this form – a refund will be sent automatically

Name: _____ Student ID# or SSN#: _____ Date: _____
 Please Print

Students who officially drop one or more classes during the designated add/drop period of any semester may be refunded all tuition and special fees. The college accepts no responsibility for dropping you from the specific classes you intended not to take. **It is your responsibility to officially drop a class during the drop/add period of any semester or class if you decide not to attend.** Refund of payments received during the academic year will be prepared (only in amounts of one dollar or more) *if requested on or before the first day of June of the current academic year.*

Fall – Spring – Summer _____
 (circle one) (year)

Refund Request for: (check all that apply) _____ Dropped Class (es), _____ Special Fees, _____ International Deposit, _____ Overpayment, _____ Other

Original Payment method used: (check all that apply) _____ Cash, _____ Check/Money Order, _____ Credit Card, _____ E-Cashier (FACTS), _____ Financial Aid, _____ Sponsor Billing

Payments made by credit card will be applied back to the original card used. All other payments including payments made through E-cashier FACTS program will be refunded via check to be mailed to the student’s last known address or returned to the appropriate financial aid program.

Processing of the Request for Refund begins two weeks after the end of the drop/add period. Refunds are normally complete within four weeks after processing begins. This allows for normal processing and clearing of student accounts to ensure an accurate and complete refund to you. Every effort will be made to expedite your refund.

Address correction requested: <u>yes – no</u> (circle one) Print Name and Address: _____ _____ _____ Phone: _____ Email: _____	I am receiving: Financial Aid: yes – no (circle one) 3rd Party Billing: yes – no (circle one)
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See AWC Catalog for refund policy

Student’s Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Processed by: _____ Date: _____

White Copy – Business Office

Yellow copy – Student