



Office of Admissions and Records

25555 Hesperian Blvd.
Hayward, CA 94545
Tel. (510) 723-6700 | Fax: (510) 723-7510
www.chabotcollege.edu/admissions

Office of Admissions and Records

3000 Campus Hill Drive
Livermore, CA 94551
Tel. (925) 424-1500 | Fax: (925) 606-6437
www.laspositascollege.edu/admissions



APPLICATION FOR REFUND OF FEES

ENROLLMENT FEE REFUND/NON-RESIDENT TUITION REFUND POLICIES:

- 1. Resident and non-resident enrollment fees are not refunded for classes that are dropped after the no-grade-of-record (NGR) deadline.
2. Requests for refunds must be filed by the last day of instruction in the semester for which the fee(s) were paid.
3. Credit balances do not carry over to the next semester/term.
4. Non-resident and international enrollment fees are refunded per NGR dropped class based on the structure below:
5. The Health fee, Student Activity fee, Student Representation fee, and Transportation fee are not refundable.
6. A \$10 processing fee will be subtracted from each request for refund, unless the classes were cancelled by the College.
7. Refund applications will be processed by the Office of Admissions and Records and, upon approval, will be forwarded to the Chabot-Las Positas Community College District Business Office, where checks will be mailed in approximately 10 business days.
8. Refund checks will be mailed to the address indicated below. This address will replace your current mailing address on file.

TERM: [] Fall [] Spring [] Summer Year: 20_____ Home Campus: [] Chabot College [] Las Positas College

STUDENT IDENTIFICATION

Table with 4 columns: Student ID Number (REQUIRED), Last Name, First Name, Middle Name. Student ID Number contains 'W'.

MAILING ADDRESS

Table with 6 columns: Number and Street, Apt. #, City, State, ZIP, Telephone ()

By signing below, I certify that I am the student named on this form and that I understand the policy outlined on this form, the college catalog, and the class schedule.
STUDENT'S SIGNATURE: [Signature] Date

REASON FOR REFUND / WITHDRAWAL: (Please [X] check)
[] Became employed/unemployed [] Class canceled by college [] Financial need [] Personal/family concerns [] Schedule conflict [] Received fee waiver
[] Other (list): _____

ADMISSIONS OFFICE USE ONLY

Table with 2 columns: Fee Category, Amount. Rows include Enrollment Fee Subject to Refund (\$), Non-Resident Fee Subject to Refund (\$), Less Processing Fee (- \$10.00), Differential Non-Resident Fee (- \$), Semester Fees (Health, Student Activity, Rep, Transportation) (\$).

Prepared by: _____ Approved by: _____ Admissions & Records Administrator Date: _____

BUSINESS OFFICE USE ONLY

Total amount refunded \$ _____ Done By: _____ Date: _____