



# Office of Admissions & Records

3000 Campus Hill Drive,  
 Livermore, CA 94551  
 (925) 424-1500 • Fax (925) 606-6437  
 Email: [lpc-admissions@laspositascollege.edu](mailto:lpc-admissions@laspositascollege.edu)

## REQUEST FOR REFUND FORM

### ENROLLMENT FEE REFUND POLICY

- 1.) No refunds will be given to students who withdraw from classes after the No-Grade-of- Record (NGR) deadline.  
 For refund deadline see the Academic Calender at our website, Class Schedule booklet or at Admissions and Records Office.
- 2.) A \$10 processing fee will be subtracted from each enrollment fee refund (with the exception of classes cancelled by the College.)
- 3.) Refund checks will be sent by mail approximately 6- 8 weeks after the NGR deadline. **Please note: If the address provided below differs from the information listed in our system, your signature on this form authorizes Las Positas College to change your address.**
- 4.) NON-RESIDENT AND INTERNATIONAL TUITION REFUND POLICY
  - \* Prior to the first day of instruction - 90%
  - \* During the first week of instruction - 75%
  - \* After the first week of instruction - NO REFUND

I understand the conditions of the policy stated above. Initial: \_\_\_\_\_

SEMESTER:  SPRING  SUMMER  FALL YEAR: 20\_\_\_\_\_

Please print legibly. Refund check will be mailed to the address noted.

STUDENT ID NUMBER (REQUIRED):  W	NAME (LAST NAME, FIRST, MI):
CURRENT ADDRESS (NUMBER, STREET, CITY, STATE & ZIP CODE):	PHONE NUMBER:

### REASON FOR WITHDRAWAL: (Please check)

- Become employed/unemployed   
  Financial need   
  Class cancelled by college (waived processing fee)  
 Personal/family concerns   
  Schedule conflict   
  Other (list): \_\_\_\_\_

COMMENTS: \_\_\_\_\_

By signing below, I certify that my refund request form is complete and accurate. I am responsible for knowing the information provided.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### Submit this form to: (Attention: Refund)

Mail to: Las Positas College, Office of Admissions & Records, 3000 Campus Hill Drive, Livermore, CA 94551  
 Fax to: (925) 606-6437  
 Email to: [lpc-admissions@laspositascollege.edu](mailto:lpc-admissions@laspositascollege.edu)

### DO NOT WRITE BELOW THIS LINE ADMISSIONS OFFICE USE ONLY

ENROLLMENT FEE SUBJECT TO REFUND	\$
NON-RESIDENT TUITION SUBJECT TO REFUND _____%	\$
LESS PROCESSING FEE	(\$10.00)
OTHER	
<b>AMOUNT OF REFUND</b>	<b>\$</b>

Prepared by: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
Dean of Enrollment Services

### BUSINESS OFFICE USE ONLY

Total amount refunded: \$ \_\_\_\_\_ By: \_\_\_\_\_