



Office of Admissions & Records

3000 Campus Hill Drive
 Livermore, CA 94551
 (925) 424-1500 • Fax (925) 606-6437
 Email: 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 Calendar 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: SUMMER FALL SPRING YEAR: _____

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: _____

Student's signature: _____ **DATE:** _____

Please mail this form to: Las Positas College Attn: Refund 3000 Campus Hill Drive Livermore, CA 94551	Fax to: Attn: Refund (925) 606-6437	Scan and email: Attn: Refund lpc-admissions@laspositascollege.edu
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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		
AMOUNT OF REFUND		\$

Prepared by: _____ Approved by: _____ Date: _____
Dean of Enrollment Services

BUSINESS OFFICE USE ONLY

Total amount refunded: \$ _____ By: _____