

Continuing Education Course Drop/Withdrawal/Refund Request Form

	•		•		i vv ai,	ixerana ixe	equest i oi iii
Please review	v the <u>Student-Initiate</u>	ea withara	awais procedur	<u>re</u>			
				Email			
Course Infor	mation						
Course No.	Course Tit	Course Title Instructor Name		ame Cour		se Start Date	Requested Action (Drop or Withdraw; See below)
drop results in fees paid. Withdraw – W course. A with for a refund.	n a "DR" grade. Stud /ithdrawing from one ndrawal results in a	dents who	drop one or m	een the	rses a	re eligible for a census date a	ourse census date. A refund of registration and the last day of the courses are not eligible
Reason for R	equest(s):						
Refunds	request is approve	d and you	have entered	honking	inform	ation into Solf	Sorrigo you will receive
	ia direct deposit. If n						Service, you will receive the address you have or
If you prefer t	o have your refund	check mai	iled to an alterr	nate loca	ation, p	olease complete	e the fields below.
Please mail my refund to: Employe		er O	Other/Third		ty Sponsor		
Name of	Individual/Company	/Organiza	tion:				
Mailing A	ddress:						

City:_____ State:____ Zip Code:_____