GAVILAN COLLEGE REFUND POLICY & PROCEDURE

REFUND DEADLINES: FALL/SPRING 2ND Week of Instruction
SUMMER 1ST Week of Instruction
SHORT TERM CLASSES 10% OF THE COURSE MEETING TIMES
(Note that for one-or two- day courses, this date will be prior to the start of the course)

SEMESTER/YEAR: _____

GAVILAN ID NUMBER: G00_____

NAME: _____

Financial Aid Refund: NO _____ YES _____

REFUND FORM IS NOT AN OFFICIAL WITHDRAWAL—YOU MUST OFFICALLY DROP THE CLASS BY REFUND DATE.

CLASSES YOU ARE DROPPING

1_____ 3 _____

2 _____ 4 _____

FEES TO BE REFUNDED

ASB-Representation Fee _____

Health _____

Campus Center _____

Enrollment _____

ASB – Term Contact ASB Office for Refund

Foreign/Out of State _____

Parking (**must attach permit**) _____

Course Fee _____

------ **TOTAL** ------ $ _____

REFUND $ _____

OFFICE USE
TOTAL REFUND

$_____

ADMISSIONS STAFF

DATE

Student Signature Date

08/07