



Professional Development REFUND REQUEST FORM

REFUND POLICY:

CSU Monterey Bay Extended Education - Professional Development Programs reserves the right to discontinue, postpone or combine courses, and/or change instructors without notice.

- If the class is cancelled, a full refund will be issued.
- Tuition fees are refundable. However no refunds will be issued after the class begins.
- Refunds will be issued in the same payment type in which it was paid (e.g. credit card or check). Checks will be mailed to the original payee, if different from the person named below.
- A University Refund Processing Fee of \$10.00 will be deducted prior to issuing the appropriate refund.
- Refunds may take 30 days to process.

Instructions:

This form MUST be submitted by 5pm prior to the first day of class to be eligible for a tuition refund.

1. Please check to ensure that your address is correct prior to submitting this request. The address must match the address in the [CSUMB EE Self Service Portal](#). (Login > My Account > My Profile).
2. A University Refund Processing Fee of \$10.00 will be deducted prior to issuing the appropriate refund.
3. Mail this completed form to CSUMB-EENC at the address noted above.

Student Name _____ **Student ID Number** _____

Course Number _____ **Course Title** _____
(e.g. ESPY701)

Original payment:

Payee Name _____
First MI Last

Payee Social Security Number (Required): _____ - _____ - _____

Address _____

City _____ State _____ Zip Code _____

Phone Number _____ Email Address _____

Refund Request Type (Please select one box below):

I have a credit balance and I understand that my refund will be processed in the following manner.

- I paid by Cash or Check. *My refund will be by check.*
- I paid by Credit Card. *My card that was used in this transaction will be credited.*
- I paid with a mix of Credit Card and Cash/Check. *My refund will credit the appropriate card used in this transaction and a check will be mailed for the cash/check amount paid in this transaction.*

I certify that I have reviewed this Refund Policy and that the information provided is correct.

Signature _____ **(Original Signature Required)** Date _____

~ College of Extended Education Office Use ~			
Approved by _____	Ext _____	Date _____	Amount _____