

**SOUTHERN WESTCHESTER BOCES
CENTER FOR ADULT and COMMUNITY SERVICES
Student Refund/Credit Authorization Form**

Refund Policy: All refund requests must be made in writing. If a student withdraws from class **before the first day class begins**, no tuition liability will be incurred, however a \$15 processing fee (for courses under \$500), or a \$100 processing fee (for courses over \$500) will be deducted from the refund. If a student withdraws from class **after the first day of class and 24 hours before the second class**, 75% of the tuition will be refunded, less the \$15 processing fee. Refunds will not be granted after the second day of class. Refunds other than by charge card take four to six weeks to be processed. **There are no exceptions to this policy.**

Date: _____

Client's Name: _____ **Phone:** () _____

Address: _____ **Email:** _____

City, State, Zip: _____

Course ID# and Name: _____

Please check the requested action below:

REFUND

CREDIT

Reason for refund or credit:

Student's Signature: _____ **Date:** _____

(or attach copy of email from student, if applicable)

For Office Use Only

Course Fee: \$	_____
Total Paid: \$	_____
Less Processing Fee (\$15 or \$100):	_____
Refund Amount Prior to Class Start: \$	_____
Refund Amount After First Class (75%): \$	_____

Final Refund Amount: \$ _____

Final Credit Amount: \$ _____

DISAPPROVED: _____
Initial *Date*

REASON FOR DISAPPROVAL:

Requested by: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____

Accountant's Signature: _____ **Date:** _____

Refund Processing Route:

Requestor generates form, Supervisor reviews, Accountant reviews, Office Staff processes

Entered into Xenegrade **Date:** _____ **Initial:** _____

Credit Card Refund **Date:** _____ **Initial:** _____

Entered into WinCap **Date:** _____ **Initial:** _____