

Refund / Credit Authorizaton Form

** COMPLETE & SUBMIT YOUR REQUEST TO nperna@swboces.org or fax to 914.592.1325. **

REFUND POLICY: All refund requests must be made in writing. **Full Refund:** If termination of enrollment occurs before the first day of class, no tuition liability will be incurred (less a \$100 withdrawal fee). **Partial Refund:** If a student withdraws after the first class and 24 hours before the second class, 75 % of the tuition (less a \$100 withdrawal fee and textbook charge) will be given. **No Refund:** There will be NO REFUNDS granted after the second day of class to program end. THERE ARE NO EXCEPTIONS TO THIS POLICY AND ITS PROCESS. Refunds, other than charge/debit cards, take at least 4-6 weeks.

Date: _____/_____/_____

Client's Name: _____

Address: _____

Phone: (____) _____ - _____

Email: _____@_____.

Course: _____

Please (X) the appropriate requested action below:

REFUND

CREDIT

Reason for refund/credit: _____

Student's Signature: _____

Office Use Only

Refund / Credit Amount:

Course < \$500 Course > \$500

	Total Course Fee		
-\$15.00	-\$100.00	Less: Withdrawal Fee	
		Refund Prior to Class Start	

DISAPPROVED

Initials

	Total Course Fee		
-\$15.00	-\$100.00	75% of Total Course Fee	
		Less: Withdrawal Fee	
		Refund <u>after</u> First Class	

Requested by: _____

Date: _____/_____/_____

Supervisor's

Signature: _____

Date: _____/_____/_____

Accountant's

Signature: _____

Date: _____/_____/_____

Refund Processing Route:

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

Entered in Xenegrade

Date: _____/_____/_____

Initials _____

Entered Into WinCap

Date: _____/_____/_____

Initials _____

Credit Card Refund

Date: _____/_____/_____

Initials _____