

California State University, San Bernardino

Refund Request

Complete and submit to Student Financial Services, UH-035 or FAX to (909) 537-7607

Mail to: Attn: Student Financial Services, CSUSB, 5500 University Parkway, San Bernardino, CA 92407

Students will be charged a \$25 Administrative Fee due to a reduction in units. For refunds that do NOT pertain to tuition and fees, you must obtain departmental approval (see below) from the department administering the fee.

THIS FORM DOES NOT WITHDRAW STUDENTS FROM CLASSES.
It is the sole responsibility of the student to withdraw from classes.

STUDENT INFORMATION	
Term(s): _____	Amount Requested: _____
MyCoyote ID: _____	Name: _____
Street Address: _____	
City, State, Zip Code: _____	Tel.#: _____
Signature: _____	Date: _____
Reason for Requesting Refund: <input type="checkbox"/> Reduced Units (prior to refund deadline) <input type="checkbox"/> Dropped <i>all</i> Units <input type="checkbox"/> Administrative Error <input type="checkbox"/> Class Cancelled <input type="checkbox"/> Received Financial Aid <input type="checkbox"/> Other: _____	
Credit card and Cash Payments will typically be processed within 10 to 15 business days. If payment was made by check and you provide a copy of your cancelled check, we can expedite the refund; otherwise please allow 4-5 weeks. Applicable refunds can be transmitted via Direct Deposit. Sign up via your MyCoyote account prior to submitting form.	
DEPARTMENT USE ONLY	
Miscellaneous Fees: <input type="checkbox"/> Application for Admission <input type="checkbox"/> Graduation Check <input type="checkbox"/> Transcripts <input type="checkbox"/> Key (Misc. Revenue) <input type="checkbox"/> Certificate <input type="checkbox"/> Credential <input type="checkbox"/> Adm. & RRE Miscellaneous Fee <input type="checkbox"/> Other: _____	
Receipt Information: _____ <div style="display: flex; justify-content: space-between;"> Receipt Number Date Amt. to Refund </div>	
PeopleSoft Chartfield: _____ <div style="display: flex; justify-content: space-between;"> Account Fund Dept. Project Class Other </div>	
Department Approval: _____ <div style="display: flex; justify-content: space-between;"> Signature Date </div>	
Housing Refund Amt.: _____ Housing Approval: _____	
STUDENT FINANCIAL SERVICES USE ONLY	ACCOUNTS PAYABLE USE ONLY
Administrative Fee Assessed: _____	Vendor#: _____ Voucher#: _____
Total Refund Processed: _____	Date: _____ Entered By: _____
Processed By: _____ Date: _____	Check#: _____ Amount: _____
Direct Deposit Check Credit Card \$ _____ \$ _____ \$ _____	Stock#: _____ Dated: _____
	Reviewed By: _____