



Office of Admissions and Records

25555 Hesperian Blvd.
Hayward, CA 94545
Tel. (510) 723-6700 | Fax: (510) 723-7510
www.chabotcollege.edu/admissions

Office of Admissions and Records

3000 Campus Hill Drive
Livermore, CA 94551
Tel. (925) 424-1500 | Fax: (925) 606-6437
www.laspositascollege.edu/admissions



APPLICATION FOR REFUND OF FEES

ENROLLMENT FEE REFUND/NON-RESIDENT TUITION REFUND POLICIES:

1. Resident and non-resident enrollment fees are not refunded for classes that are dropped after the no-grade-of-record (NGR) deadline. Deadlines are posted on the Academic Calendar online and in each class schedule.
2. Requests for refunds must be filed by the last day of instruction in the semester for which the fee(s) were paid.
3. Credit balances do not carry over to the next semester/term.
4. Non-resident and international enrollment fees are refunded per NGR dropped class based on the structure below:
 - **90%:** Dropped prior to the first day of instruction
 - **75%:** Dropped between the first day of instruction and the course's NGR deadline
 - **NO REFUND** if dropped after the course's NGR deadline
5. The Health fee, Student Activity fee, Student Representation fee, and Transportation fee are not refundable.
6. A \$10 processing fee will be subtracted from each request for refund, unless the classes were cancelled by the College.
7. Refund applications will be processed by the Office of Admissions and Records and, upon approval, will be forwarded to the Chabot-Las Positas Community College District Business Office, where checks will be mailed in approximately 10 business days. Checks are issued in the name of the student only.
8. Refund checks will be mailed to the address indicated below. This address will replace your current mailing address on file.

TERM: Fall Spring Summer Year: 20_____ Home Campus: Chabot College Las Positas College

STUDENT IDENTIFICATION

Student ID Number (REQUIRED)	Last Name	First Name	Middle Name
W _____			

MAILING ADDRESS

Number and Street	Apt. #	City	State	ZIP	Telephone
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By signing below, I certify that I am the student named on this form and that I understand the policy outlined on this form, the college catalog, and the class schedule. Date

STUDENT'S SIGNATURE:

REASON FOR WITHDRAWAL: (Please check)

- Became employed/unemployed
 Class cancelled by college
 Financial need
 Personal/family concerns
 Schedule conflict
- Other (list): _____

ADMISSIONS OFFICE USE ONLY

CREDIT ON ACCOUNT	\$
ENROLLMENT FEE SUBJECT TO REFUND	\$
NON-RESIDENT FEE SUBJECT TO REFUND	\$
LESS PROCESSING FEE	- \$10.00
DIFFERENTIAL NON-RESIDENT FEE	- \$
SEMESTER FEES (HEALTH, STUDENT ACTIVITY, REP, TRANSPORTATION)	\$
AMOUNT OF REFUND	\$

Prepared by: _____ Approved by: _____ Admissions & Records Administrator Date: _____

BUSINESS OFFICE USE ONLY

Total amount refunded \$ _____ Done By: _____ Date: _____