

CALIFORNIA STATE UNIVERSITY, FRESNO
MISCELLANEOUS REFUND APPLICATION
(MINIMUM \$5.00)

REFER TO REFUND POLICY IN THE SCHEDULE OF COURSES

DATE

LAST NAME, FIRST M.I.

STUDENT I.D. NUMBER OR S.S. NUMBER

MAILING ADDRESS

()
PHONE NUMBER

CITY STATE ZIP CODE

STUDENT SIGNATURE

DEPARTMENT APPROVAL

- Alumni Placement
- Applications
- Ed. Testing
- Diploma, Regular/Grad (Circle)
- Grade Substitution

- Health Fees/Pharmacy (Circle)
- Library Fines/Books (Circle)
- Miscellaneous _____
DESCRIPTION
- Parking Decal
- Transcripts, Regular/Ext. Ed. (Circle)

Reason for refund:

=====DO NOT WRITE BELOW THIS LINE=====

Amount Paid \$ _____

Refund Amount \$ _____

Receipt Date: _____

Check Number _____ Date _____

CREDIT STUdT ACCT: Term _____ Date: _____ Sc: _____ Amt: _____

Signature, Accounting Official