



REFUND REQUEST FORM

Part I: Student Information

Name: _____
Last First MI

Mailing Address: _____

Phone Number: (____) _____

Program: _____ I.D.#: _____

Financial Aid Recipient: () Yes () No

Student's signature: _____ Date: _____

Part II: Student Affairs Processing

Reason:
() Withdrawal from School () Change of Schedule () Class cancelled () _____

Prior Credit Hours: _____ Credit Hours Dropped: _____ Current Credit Hours: _____

Date of Withdrawal or Change of Schedule: _____

The student paid \$ _____ on _____ (date). In accordance with MGTC Refund Policy*,
a refund of \$ _____ is due.

Authorized Student Affairs Signature: _____ Date: _____

Part III: Administrative Services Processing:

Check #: _____ Date: _____ In the amount of: \$ _____

Mailed on: _____ (date)

Authorized Administrative Services Signature: _____ Date: _____

***Credit Classes: (1) Students may receive a full refund of all tuition and fees provided they withdraw from classes prior to the first day of class or within the drop add period (the first three days of quarter). No refund is made for textbooks or supplies. (2) NO REFUND AFTER THE DROP ADD PERIOD.**

Non-Credit Classes: 100% refund, if requested, before the class begins. NO REFUND after class begins.

Routing: (1) Student Affairs (2) Administrative Services