Office of Admissions and Records 25555 Hesperian Blvd.

Tel. (510) 723-6700 | Fax: (510) 723-7510

Hayward, CA 94545

Office of Admissions and Records

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



Email completed form from your Zone Mail to: lpc-admissions@laspositascollege.edu for Las Positas & to ccarcom@chabotcollege.edu for Chabot

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.
- Credit balances do not carry over to the next semester/term.
- 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
- The Health fee, Student Activity fee, Student Representation fee, and Transportation fee are not refundable.
- A \$10 processing fee will be subtracted from each request for refund, unless the classes were cancelled by the College.
- 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.
- 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) W		Last Name		First Name	First Name		Middle Name	
MAILING ADDRESS Number and Street		Apt. # City		State	ZIP	Telephone ()		
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.								
STUDENT'S SIGNATURE: ☑								
REASON FOR REFUND / WITHDRAWAL: (Please 🗹 check) Became employed/unemployed Class canceled by college Financial need Personal/family concerns Schedule conflict Received fee waiver								
□ Other (list):								
ADMISSIONS OFFICE USE ONLY								
	ENROLLMENT FEE SUBJECT TO REFUND			\$				
	NON-RESIDENT FEE SUBJECT TO REFUND			\$				
	LESS PROCESSING FEE			- \$10.00				
	DIFFERENTIAL NON-RES	SIDENT FEE		- \$				
<u> </u>	SEMESTER FEES (HEALTH, STUDENT ACTIVITY, REP, TRANSPORTATION			\$				
Prepared by:								
BUSINESS OFFICE USE ONLY								
Total amount refunded \$Done By:Date:								