

# STUDENT REFUND REQUEST



PALM BEACH STATE  
COLLEGE

PLEASE READ CAREFULLY AND INITIAL WHERE INDICATED:

☐

I AM NOT A FINANCIAL AID RECIPIENT.

☐

I AM A FINANCIAL AID RECIPIENT AND UNDERSTAND THAT IF THIS REQUEST IS GRANTED IT MAY IMPACT THE FINANCIAL AID RECEIVED FOR THIS TERM AND/OR ANY FUTURE TERM IF THE STANDARDS OF ACADEMIC PROGRESS ARE NOT MET.

A student who has to withdraw or is dropped from a class due to a College error/change or other College action after the published add/drop period shall be refunded 100% of refundable fees upon the approval of the student's refund request. No grade is recorded on the student's record.

No other refunds are granted except in those cases where a student withdraws from classes due to a personal emergency beyond the student's control. Refunds may be granted for up to 60% of the term under these circumstances and will be computed on a pro-rata basis. A "W" will be recorded on the student's transcript and will not affect the student's GPA but will be considered as an attempt which could impact student's financial aid status.

The refund process takes approximately four to six weeks. If you are no longer attending, it was your responsibility to withdraw from the course(s). **SUBMITTING A REFUND REQUEST FORM DOES NOT OFFICIALLY WITHDRAW YOU FROM A CLASS OR THE COLLEGE.** Decisions will be based on the documentation provided. You will be notified in writing of the Appeals Committee's decision. If approved, your refund will be issued in the same method of payment originally submitted. Any financial obligations owed to the college will be deducted from your refund.

Supporting documentation, as indicated below, **MUST** accompany refund requests based on a College action or a personal emergency.

Medical – a letter from your physician or health care agency, on company letterhead, specifically indicating an illness of such severity or duration that prevents you from continuing in your course(s). The letter must include dates of the illness and treatment.

Employment – a letter from your employer, on company letterhead, indicating that your employer changed your work schedule and that this change prevents you from completing the term. The letter must include old and new work hours and the effective date.

Death of Immediate Family Member – documentation of the death and your relationship to the deceased. Immediate family members are limited to spouse, child, parent and sibling.

College Change or Error – a letter from the appropriate college official documenting the situation in which the college was in error or initiated an action that caused you to have to withdraw.

PLEASE PRINT

Term:

☐ Fall☐ Spring☐ Summer☐ Year \_\_\_\_\_

Location:

☐ Belle Glade☐ Boca Raton☐ Lake Worth☐ Palm Beach Gardens

NAME \_\_\_\_\_ Student ID \_\_\_\_\_ Telephone # (\_\_\_\_) \_\_\_\_\_

STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

LAST DAY OF ATTENDANCE: \_\_\_\_\_ (Instructor must send verification to Campus Registrar)

Are you receiving any of the following? **If so, please be advised that a late withdrawal may affect your financial aid status.** (Check all that apply):

☐ Pell Grant☐ Student Loans☐ PIC☐ JTPA☐ Veteran Affairs☐ Scholarships☐ Accounts Receivable

Are you an international student? ☐ Yes ☐ No

If yes, contact your counselor as late withdrawal may affect immigration status.

COURSE(S) for which you are requesting a refund:

COURSE REFERENCE #

COURSE TITLE

Reason for request (documentation is required)

\_\_\_ MEDICAL

\_\_\_ EMPLOYMENT

\_\_\_ DEATH OF FAMILY MEMBER

\_\_\_ OTHER (SPECIFY BELOW)

JUSTIFICATION FOR REQUEST \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_