



Petition for Refund

Semester/Year: Summer _____ Fall _____ Spring _____
(Year) (Year) (Year)

Palomar Student ID Number

A. Student's Name - Last, First, MI	B. Date of Birth
C. E-Mail	D. Telephone

Important - READ CAREFULLY

Refunds or waivers are only considered when accompanied by documentation of an extenuating circumstance. **Petitions received with no documentation of an extenuating circumstance will be denied.** Failure of the student to drop the class(es) by the refund deadline, or failure of the faculty to drop the student by the refund deadline are not considered extenuating circumstances. Students are responsible for the payment of all fees at the time of registration. Fees are considered late after classes have begun. No petitioning is done by telephone or email. The student must drop prior to the withdrawal deadline (listed in class schedule) to avoid receiving a penalty grade. Fees will not be refunded or waived after a semester has ended with the exception of confirmed cases of identity theft (police report required), military withdrawals, or retroactive AB540 classification.

I have read the above statement in its entirety (initials:) _____

Extenuating Circumstances Include (but are not limited to):

1. Illness or hospitalization requiring doctor's care
2. Automobile accident resulting in immobility
3. Death or illness of immediate family member
4. Severe mental or emotional trauma verified by licensed service provider
5. Verified technical problems with eServices

Non-Extenuating Circumstances Include:

1. I forgot to drop my class
2. My work schedule changed
3. I did not attend the class
4. I thought the instructor would drop me
5. I never received a bill for fees due
6. I moved out of the area

Course Information:	CLASS NUMBER (s) (Example: 71303)	COURSE TITLE (s): (Example: ENG 100)

Explain your Extenuating Circumstances: (Attach additional sheets if necessary)

Financial Aid Recipients: I received Financial Aid (other than California College Promise Grant (CCPG)) this semester: YES NO

Student Signature : _____ Date : _____

*****FOR OFFICE USE ONLY*****

Approved: YES NO By: _____ Date: _____ Notified Student: Method: (email, letter) _____ Date: _____

Notified FA: YES NO Notified Billing: YES NO Backdate Drop: YES NO