Business Services

College of the Siskiyous, 800 College Ave., Weed, CA 96094 Phone: (530) 938-5500 - Fax: (530) 938-5367 - Email: BusinessOffice@siskiyous.edu

Partial Refund Request

The student is expected to drop their classes within the Refund Deadline. If you do not show up or stop attending classes and fail to drop within the refund guidelines you are responsible for all your tuition and fees.

Community Education Courses (courses that start with X) are not refundable after the first day of class.

Last Name:		First Name:	MI:	
Date of Birth:		Student ID#: S00	or SSN:	
CC	OS Email:		Phone:	
Ma	ailing Address:			
Cit	ty:	State:	Zip Code:	
Те	rm:			
1.	Is this class still in this Academic (If No, you are not eligible – Do I	O Yes	O No	
2.	2. Did you drop the class? (If you never dropped the class, you are not eligible. If Yes, go to question #3)			O No
3. When did you drop this class?				
4.	Please list course(s) in question:			
С	RN Course		Units	S
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Please use second page for explanation.

Please explain why you missed the refund deadline:				
Student Signature:		Date:		
		and Administrative Procedures 5030, 5070, and w from class to be eligible for a refund. You are		
		Drop / Refund deadline and it will be processed		
automatically. The Add / Drop / Refund deadline is listed on your schedule/bill in your portal. Short-term and				
		eadlines. Check with the professor or on your		
schedule/bill located in your mySiskiyous a	ccount.			
Office Use Only				
○ Approved ○ Denied Proce	ss Date:	Initials:		
7. F. F. G.				