NOCE
NORTH ORANGE
CONTINUING EDUCATION

Refund/Credit Request Form

DATE received: _____

Received By: _____

REFUND POLICY: To receive a refund, a Refund Request Form must be submitted at least two (2) full business days (48 hours) before the first class meeting. A $10.00 processing fee will be deducted from all refunds one time, per term, per student except for classes cancelled by NOCE. Full refunds are automatically issued when classes are cancelled by NOCE. Refunds are processed two weeks after the term begins. Refund checks to students enrolled in Kids' College & Teen Program will be made in the name of the student of record as required by State Education Code Regulations. The only other criteria considered for refunds are circumstances in which the course differs from the way it was described in the class schedule, such as incorrect start date, time, or wrong location.

STUDENT NAME: _____   STUDENT ID @ _____
              (Last)   (First)   (Middle)

ADDRESS: _____   APT/UNIT: _____

CITY: _____   ZIP _____   PHONE: (___) _____

Indicate all course numbers (CRNs) dropped.

CRN	COURSE TITLE	START DATE	AMOUNT PAID

REFUND REQUEST

Refunds are limited to those circumstances that meet one of the following criteria. The reason for my request is based on the following:

1. I am dropping at least two full business days (48 hours) prior to the first class meeting	
2. The class start date, time, or location was wrong in the schedule.	

CREDIT REQUEST

CREDIT POLICY: The circumstances of this drop request do not meet the criteria above for a refund. I am requesting a credit. All credits are valid for six (6) months toward any fee-based course. Requests for credits must be submitted prior to the second class meeting of the course being dropped. I understand that a credit is not guaranteed and **there will be NO credit given if the student has attended class**. Credit is not transferable. I also, understand that this credit will expire in six (6) months. Write an explanation below on the lines provided. PLEASE PRINT.

Please explain:

_____

_____

_____

_____

_____   _____

Student or Parent Signature   Date

- -**OFFICE USE ONLY**- -

Received By: _____   ☐ Refund Approved   Amount: _____

Term: _____   ☐ Credit Approved   Amount: _____

Date Check Mailed: _____   ☐ Denied   Reason: _____

Check Number Issued: _____   ☐ Pending Documents: _____

Administrative Signature: _____   Date: _____   Phone: _____