



REQUEST TO DROP FROM CLASS BEFORE CENSUS

College of Extended and Global Education

Name: _____ Coyote ID: _____
Last First

Mailing Address: _____

Best Contact Number: _____ Email Address: _____

Class No. _____ Subject (i.e. Psyc 100-01) _____

Course Title: _____ Term & Year: _____

Reason for Withdraw:

Credit Card and Cash Payments will typically be processed within five to seven business days. If payment was made by check and you provide us a copy of your cancelled check we will expedite your refund, otherwise please allow four to five weeks to process

Student Signature: _____ Date: _____

***Census is last day for students to withdraw from classes without record and receive a 65% refund (at no time are 100% refunds issued)*
*No refunds issued in the summer***

CEGE OFFICE STAFF ONLY	Received by: _____	Date: _____	Drop date requested: _____
Payer:	<input type="checkbox"/> Self-Pay	<input type="checkbox"/> Third Party	Payment Method: <input type="checkbox"/> Credit Card <input type="checkbox"/> PayPal <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Flywire <input type="checkbox"/> Wire <input type="checkbox"/> FA
Total price of course(s):	\$ _____	Total amount paid:	\$ _____ Less admin fee: \$ _____
Total amount due:	\$ _____	Total amount to be refunded:	\$ _____
Refund Type:	<input type="checkbox"/> 100%	<input type="checkbox"/> 65%	<input type="checkbox"/> 50% <input type="checkbox"/> 0% <input type="checkbox"/> Other _____%
Notes:	SS Director Signature: _____ Date: _____ FS completed: _____ Date: _____		