



FOR PAYMENT BY CHECK

TRANSFER AND REFUND POLICY

TRANSFERS: A \$25 processing fee will be assessed for a transaction involving a student-initiated transfer from one course to another. All transfer requests must be received *in writing* at least **seven** calendar days prior to the start of the class from which you are transferring. **If we do not receive the request in that time period, no transfer will be made.**

REFUNDS: A \$40 processing fee will be withheld for all refund transactions. All refund requests made by students must be received *in writing* at least **seven** calendar days before a class begins. **If we do not receive the request in that time period, no refund will be made.**

Only course tuition fees are refundable. Registration fees, certificate application fees and special requests are non-refundable.
All refunds are issued only via check.

All refunds granted by UCSC Extension in Silicon Valley due to cancellation or discontinuation will be made in full.

Transfer and Refund requests with payment by check must be mailed to the Cashier's Office at the above address. Make checks payable to Regents, University of California. Program Support for academic departments can be reached at (408) 861-3860 or program@ucsc-extension.edu.

Note: Some programs offered by UCSC Extension in Silicon Valley require more advance notice for transfers and refunds and a larger amount is forfeited when a refund is granted. In addition, special programs often require deposits. It is the responsibility of the student to comply with the financial obligations, deadlines and refund policies established and published for these programs.

Filling out this form is not an automatic approval of your request. When you are granted a refund or transfer, a receipt will be mailed to you.

STUDENT INFORMATION (Please Print or Type)

Name _____
Last First Middle

Address _____
Street City State Zip Code Apt/Bldg#

Daytime Phone () _____ Evening Phone () _____

E-mail Address _____

Social Security Number _____ Student ID _____
(voluntary, confidential)

REFUND \$40 withheld on all refund requests

Course Title _____

Course Number _____ Start Date _____ Fee _____

TRANSFER

From: Course Title _____

Course Number _____ Start Date _____ Fee _____

To: Course Title _____

Course Number _____ Start Date _____ Fee _____

Fee difference and/or **Transfer Service Fee** \$25 (+/-) \$ _____

Circle one: Amount Owed or Refund by check Check attached Ck# _____ \$ _____

REASON FOR REQUEST: _____

****STUDENT SIGNATURE** (required) _____ **TODAY'S DATE** ____/____/____

(by signing this form, you acknowledge that you've read and understood the information on both sides of this form)

OFFICE USE ONLY: Form received by Extension: ____/____/____ Course Materials returned: ____/____/____ Staff initial _____ Facility: Santa Clara _____