

STUDENT CHANGE IN COURSE LOAD

Campus: _____ Date: _____ Program: _____

Student Name: _____ Banner ID: _____

Course (ex: WKSF)	Course Number	Section	Credit Hours	Drop (√)	Add (√)	Withdrawal within refund Period (√)	Instructor Signature

Prior to change(s), the student was enrolled in _____ credit hours. Total credit hours after drop(s)/add(s): _____.

Refund Policy

1. Refunds may be subject to an administrative fee of \$15 per refund transaction (regardless of the number of credit hours dropped or upon withdrawal from the College).
2. Refunds, when due, will be made within 30 days of (1) the withdrawal date as documented on the Drop/Add/Reinstatement form or (2) the date the institution determines the student has withdrawn.
3. If the College cancels a class, then 100% of all tuition and fees paid will be refunded and an administrative fee will not be assessed.
4. In accordance with the Council on Occupational Education requirements, students who have not visited the school facility prior to enrollment can withdraw within three days following either attendance at an orientation or a tour of the school facilities and receive a full refund of all tuition and fees paid.

Refund of tuition and fees is based on the following schedules upon a reduction in credit hours or official withdrawal from the College:

All Semesters

Prior to the 1st Day of a Class

1st – 5th Business Day of a Class

After the 5th Business Day of a Class

(Refunds will be based on the start date of each individual class.)

Percentage Refund

100%

100%

None

Student, please initial that if you withdraw from any classes, you understand the following:

_____ 1. I understand PELL or other types of financial aid will be recalculated and I may owe a debt.

_____ 2. I understand my standard academic progress may be affected by withdrawing from any classes.

_____ 3. I understand that the classes I am withdrawing from may not be offered again for up to a year from now.

Student Signature: _____ Date: _____

Faculty Signature: _____ Date: _____

Financial Aid Signature: _____ Date: _____

Processed By: _____ Date: _____