



Date: _____

Time: _____

Refund Transfer

Fall Winter

Spring Summer Year _____

Refund/Transfer Request Form Student ID#: _____

Name: _____ Date of Birth: _____ / _____ / _____

Mailing Address: _____ City & Zip Code: _____

Refunds: (ALL REFUNDS PAYABLE WITHIN 15 BUSINESS DAYS) Phone: () _____

Current Section #: _____ Class Title: _____

Fee Paid: _____ Payment Method: Cash Check Credit Card Online Credit Card

Reason for Refund Request (use back of form if needed):

Transfers:

Transfer to Section #: _____ Class Title: _____

Day/Time: _____ Teacher: _____

Refund Policy

*Full refunds only on classes cancelled by Torrance Adult School.

*A \$10 processing fee will be charged for refunds and materials fees if applicable.

*Refunds must be requested before the start of the second scheduled class meeting.

* Transfers after the second class meeting are not refunded

*All refund requests need to be processed through TAS, following our refund policy, or a \$25 fee will be charged for each transaction.

* Tours are not refunded.

*Textbooks are non-refundable.

*Classes that meet one time are not refunded once class starts.

Office Staff

Date

Student Signature

Office Use Only :

Transfer Calculations

Original Fee: _____

New Class Fee: _____

Refund Amt Due \$ _____

Refund Calculations

Fee Paid: _____ \$ _____

Processing Fee: **-\$ 10.00** (Charged on all Refunds)

Total Refund: _____ \$ _____

Date Check Issued: _____ / _____ / _____

Administrator

Date