One-Stop Financial Services

5151 State University Drive, Student Services Building #2380, Los Angeles, CA 90032
Phone (323) 343-3630 Fax (323) 343-6491

PETITION FOR REVERSAL OF TUITION AND FEES

This petition form is to request for reversal of tuition and fees due to a drop or withdrawal from classes after a refund deadline. The drop or withdrawal must be reflected in the student account before this petition can be submitted. It is the student's responsibility to follow the campus established procedures and deadlines for dropping classes. **Documentation must be submitted along with your petition to provide supporting proof of your claims**. **Please allow approximately 2 weeks for processing once submitted.** You will be notified by email of the decision or contacted by phone if additional information is necessary. **Petition must be submitted within the same academic year.**

(Print) Last Name _____ First Name _____ Campus ID Number (CIN) _____

Mailing Address _____ City _____ State _____ Zip Code _____

Phone Number _____ E-mail Address _____

BILLING DETAILS:

TERM(s):
□ Summer □ Fall □ Winter □ Spring

ACADEMIC YEAR:
_____

REASON FOR REQUEST:

□ Death of Student – Attach a copy of the signed death certificate.
□ Military Service – Attach a copy of military orders.
□ Campus Variation – Attach a signed verification from a University's department stating that it erred in providing information to the student, which resulted in student's failure to meet a refund deadline.
□ Medical Emergency – The student must complete a medical withdrawal request through the Records Office. Refunds will be calculated on a pro rata basis depending on the date of the drop.
□ Other – I understand that the California Code of Regulations/Title V restricts the credit of tuition and mandatory fees to the deadlines as published in the Schedule of Classes. However, since I do not qualify for the above categories, I have attached written statement explaining my situation that includes supporting documentation for special consideration.

Please note: Balances due to a reversal of financial aid cannot be appealed.

Explanation: _____

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_____ _____

Student Signature **Date**

OFFICE USE ONLY

☐Approved ☐ Denied ☐Pending Comments: _____

_____ _____ _____

Authorized Signature Date