



PACIFIC STATES UNIVERSITY

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 Tel: (323) 731-2383 Fax (323) 731-7276 Toll Free (888) 200-0383
 www.psuca.edu

TUITION / CREDIT REFUND REQUEST FORM

This Notice is Important. Keep it For Your Records.

Date:	Social Security # Driver's License #	Passport # I-94 #	Student #
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Please indicate this Quarter: Fall Winter Spring Summer Year: _____

Mr. Ms. Family (Last) Name _____ First Name _____ Middle Name _____

Local or Mailing Address Street _____ City _____ State _____ Zip Code _____ Tel. () _____

Permanent Address Street _____ City _____ State _____ Zip Code _____ Tel. () _____

Country of Citizenship _____ Country of Birth _____ Date of Birth: Month _____ Day _____ Year _____

Email Address: _____ Cel: () _____

Reason for Refund:

My signature below certifies that I have read, understand, and agree to all the terms, conditions, and explanations stated in this Tuition / Credit Refund Request Form.

Student's Signature: _____ **Date** _____

STUDENT'S RIGHT TO WITHDRAW AND TUITION REFUND POLICY

PSU'S refund policy has been established so that the student who withdraws from class shares in the cost incurred. Students who register and withdraw before the first class will be refunded the entire tuition minus US\$100. In the event that a student does not complete a course, tuition refund less the Non-Refundables will be made according to the following schedule:

<u>Withdrawal During Quarter</u>	<u>Refund</u>
1 st week of the Quarter	100%
2 nd week of the Quarter	90%
3 rd week of the Quarter	80%
4 th week of the Quarter	70%
5 th week of the Quarter	60%
6 th week of the Quarter	50%
7 th week of the Quarter	45%
After 7 th week of the Quarter	0

NO REFUND WILL BE ISSUED UNLESS THE STUDENT ACCOUNT HAS A CREDIT BALANCE. Refunds will be processed within ten (10) working days from receipt of the student's request to the Finance Office.

► FOR OFFICE USE ONLY ◀

Total Amount of Tuition Paid	US\$ _____
Total Units _____ @ _____	US\$ _____
Facility & Equipment Fees	_____
Graduation Fee	_____
Other (Specify _____)	_____
Sub-Total (1) - Refundable	US\$ _____
Registration Fee (Non-Refundable)	minus _____
Late Registration (Non-Refundable)	minus _____
STRF (Non-Refundable)	minus _____
Application Fee (Non-Refundable)	minus _____
Administrative Processing Fee (Non-Refundable)	minus _____
Balance Past Due	minus _____
Less US\$100	minus _____
Sub-Total (2) - Non-Refundable	US\$ _____
Refundable Amount = Total Amount Paid – Sub-Total (2)	
Total Refund	US\$ _____
Calculation: _____ Week @ _____ % x Sub-Total (1)	
Refund Check # _____	Date _____

Approved By:

Financial Affairs Officer	Vice President	President

If you have any complaints, questions, or problems which you cannot work out with the school, write or call:

Accrediting Council for Independent Colleges and Schools (ACICS)
 750 First Street, NE, Suite 980, Washington, DC 20002-4241, Tel: (202)336-6780, Fax: (202)842-2593