SOUTHWESTERN COLLEGE

Refund Request Form

Please complete all required information in the spaces below:

Name (Print): _____ ID Number: _____

Address: _____ Email address: _____

_____ Phone Number: _____

Signature: _____ Semester: _____

(Please complete, if you want a credit on your Credit Card:)
Credit Card Number:

_____ Exp. Date: _____

_____
(Cardholder's Signature)

NOTE: Refund will not be processed if signature is missing.

REASON FOR REFUND: BOGG Waiver _____ Cancelled/Dropped Class _____
Third Party _____ Other Reason: _____

NOTE: Most refunds will not be processed until after the refund deadline. After completing this form:
(Please allow 3 - 4 weeks for receipt of your refund check.)

1. Turn this request to the Cashiers Office(RM# S102) at the Chula Vista main campus (Cesar Chavez Building).
2. Mail this request to Southwestern College Cashiers Office, 900 Otay Lakes Road, Chula Vista, CA 91910.
3. Fax this request to : (619) 482-6522

OFFICE USE ONLY:

Processed By: _____ Amount: _____ Date: _____ Voucher #: _____