

SIGNATURE OF STUDENT

SANTA BARBARA CITY COLLEGE STUDENT REQUEST FOR REFUND PLEASE PRINT PLAINLY

K#

DATE REQUESTED

			SBCC Student ID:
LAST NAME	FIRST NAME		
Email Address			Phone numbe
mailing address on your Pipel set up ACH payments in Pipel set up instructions. Please I	your mailing address in Pipeline ine account. If you want the refun ine. Navigate to Pipeline, / "Finar Note: A Student Request for or your refund to be processed	nd to be directly deposited to ncial Aid", / "Direct Deposit • Refund form still needs	o your bank account, please Sign Up", then follow the
SEMESTER: { } F.	ALL { } :	SPRING	{ } SUMMER
	form accurately and completely, occ.edu. This form does not with deadline.		
	rill be mailed by the SBCC Fina		fter the Add/Drop period. Account to lookup Your SBCC ID#
REASONS FOR REFUND RE	<u>:QUEST:</u> =FUND - Need Kit Return V e	erification from Cosn	
Save form & email to cashie	rs@sbcc.edu via your Pipeline	email.	

FOR OFFICE USE ONLY - DO NOT WRITE BELOW

FEE TYPE	DETAIL CODE		
ENROLLMENT FEES	TENR	\$	
NON-RESIDENT TUITION	TOOS	\$	ENTRY DATE
INTERNATIONAL TUITION	TOOC	\$	INITIALS
HEALTH FEES	THLT	\$	
TRANSPORTATION FEE	TBUS	\$	
STUDENT REP FEES	TREP	\$	
PARKING FEES	KDAY - KEVE - KBOG	\$	
INTERNATIONAL INSURANCE	TISI	\$	
ACTIVITY STICKER	SACT	\$	
ART FEES	MART	\$	
NURSING SUPPLIES	MNUR	\$	
GRAPHIC COURSE FEES	MGRD	\$	
PHOTOGRAPHY FEE	MPHD	\$	
MARINE TECH	MMDT	\$	
COSMETOLOGY KIT REFUND	MSCM	\$	
		\$	
	т	TOTAL \$	

REFUND AUTHORIZATION DATE

FOR ENROLLMENT FEE **REFUND**

\$10 PROCESS FEE