

# WESTCHESTER COMMUNITY COLLEGE REFUND REQUEST FORM

PLEASE COMPLETE THIS FORM AND RETURN TO:  
OFFICE OF THE REGISTRAR  
WESTCHESTER COMMUNITY COLLEGE  
75 GRASSLANDS RD., VALHALLA, NY 10595-1698

***Important Reminder: You must drop a course (either in person or on online through WEBREG) before this Refund Request Form can be processed.***

*Please print neatly in ink*

Today's Date \_\_\_\_\_ Semester (Term/Year) \_\_\_\_\_

Social Security Number \_\_\_\_\_

Student's Name \_\_\_\_\_

LAST

FIRST

MIDDLE

Street  
Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Do you have Financial Aid? \_\_\_\_\_

Method of Payment:

Charge Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ Date of Payment \_\_\_\_\_

Reason for dropping course:

\_\_\_\_ Course Canceled

\_\_\_\_ Medical (documentation must be sent to the Student Health Nurse)

\_\_\_\_ Personal (write explanation on reverse side)

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

**Important Reminder: Dropping below 12 credits (full-time status) could jeopardize your health insurance coverage and/or financial aid!**

## FOR OFFICE USE ONLY

\_\_\_\_\_ Date \_\_\_\_\_

Registrar's Office Approval Signature

Business Office Approval Signature

Payment Date

Refund Amount

**HEALTH OFFICE ONLY:** Documentation on File?

Yes \_\_\_\_\_

No \_\_\_\_\_

Accept \_\_\_\_\_

Reject \_\_\_\_\_

Signature of Student Health Nurse \_\_\_\_\_ Date \_\_\_\_\_

Comments: