



STUDENT REFUND REQUEST FORM

Instructions: Please print, complete and submit either in person or by email at ace@bmcc.cuny.edu.

If there are extenuating circumstances that have prevented the student from dropping his or her class(es) within the 100% or 50% refund periods and warrant exception to the refund procedure, the student must submit the following packet of documents.

Packet of Required Documents:

1. Tuition Refund Request Form (All applicable fields must be completed)
2. A statement of explanation, written and signed by the student

Note: The statement of explanation must describe the circumstance that prevented the student from dropping the course(s) prior to the 100% or 50% refund periods and correlate to the official third-party supporting documentations

3. Official third-party supporting documentation, if any.

Student Information

Personal Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

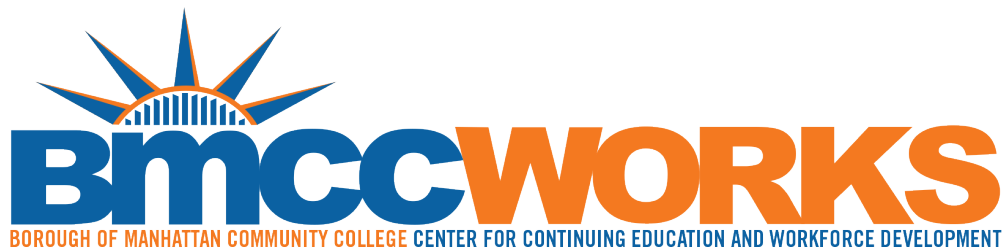
ZIP Code

Home Phone:

Alternate Phone:

Email

Reasons for requesting a tuition refund



COMPLETION OF THIS SECTION IS REQUIRED FOR PROCESSING

1. OUTSIDE FUNDING SOURCES

DID YOU RECEIVE ANY OUTSIDE FUNDING SOURCES FOR THE TERM AND YEAR OF THIS REQUEST? ___ Yes* ___ No

If the answer is yes, please provide which one?

2. COURSE INFORMATION (REQUIRED):

- a. Technology and Programming (list each course)

- b. Allied Health (list each course)

- c. Professional Development (list each course)

3. STUDENT SIGNATURE (REQUIRED):

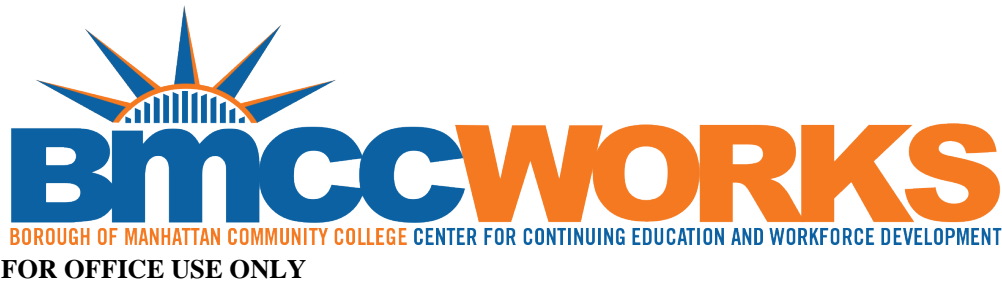
Packet of Required Documents:

Please attach to this form: 1) A statement written by you, the student, of the reason(s) you believe you should receive a refund; 2) Official third-party supporting documentation, if any. Refund requests submitted after the deadline date in accordance with our refund policy and/or without all required documents will not be considered.

My signature below affirms that I understand based on the information provided, that I will receive written notification of the decision approximately six (6) weeks after the Administration Department received the completed request. I also understand that approval of this request is not guaranteed. I also understand that if I received outside funding source, program regulations may require that all or part of the refunded monies be returned to the funding source. I may be required to repay all or part of my financial aid back to the funding source. BMCC Continuing Education will not be held liable for any funds owed to outside sources.

By acknowledging this form, I understand that I may be held responsible for any outstanding funds due under my partial payment plan, if any.

Student Signature (Required): _____ **Date:** ____/____/____



Courses dropped: No Yes Date dropped: ____/____/____

Verified by: _____

Student statement attached: No Yes

Third-party documentation attached: No Yes

Request Approved for: 100% or 50% refund period

Extenuating circumstance prevented the student from dropping his or her class(es) within the 100% or 50% refund period (YES/NO)

Request Denied

Extenuating circumstance did not prevent the student from dropping his or her class(es) within the 100% or 50% refund period. The circumstances occurred after all refund periods

Recommendation of a staff member, faculty member or administrator:

Bursars: _____

Date (Required): ____/____/____