



Workforce Continuing Education
REQUEST FOR REFUND

9101 Fayetteville Road
Raleigh, North Carolina 27603-5696

Year / Term

PART I

Date:

Name: Telephone: ( )

Mailing Address: Colleague ID#:

Course Title: Section #:

Reason for dropping this course:

Student Signature Date

OFFICE OF WORKFORCE CONTINUING EDUCATION USE ONLY

Census Date: Begin Date: WCE Staff:

Check One: OE SS

Tuition/Fees Paid

Refund Authorized

Receipt Date:

Receipt No.:

- Request approved: 100% 75% Class Canceled Transfer to another course Other

- Tuition Insurance Fee Supply Fee Lab Fee C/S Fee Other Fee Total

- Refund Authorized

- Disapproved: Past deadline Other

WCE Registrar's Approval: Signature: Date:

Supervisor / Dean's Approval as appropriate: Signature: Date:

ACCOUNTING OFFICE USE ONLY

PART III

General Ledger Number:

Description:

Signed: Date:

# WORKFORCE CONTINUING EDUCATION REFUND POLICY

## Withdrawals and Refunds

Refund requests and withdrawals **must** be made in writing by the student (**no exceptions**). Refund request forms are available at each class site. A request for refund may be made by letter.

- A **100% refund** shall be made if the student officially withdraws from the class before the first class meeting by submitting a written request.
- A **75% refund** shall be made if the student officially withdraws from the class prior to or on the 10-percent date of scheduled hours. Community school, facility, and lab fees are not refundable.

A full refund shall be made for classes canceled by the College. You do not have to request a refund.

### DISTRIBUTION OF COPIES

	<b>REQUEST APPROVED</b>	<b>REQUEST DISAPPROVED</b>
Copy No. 1	Accounting Office	1. Applicant (Part II completed)
No. 2	WCE File	2. WCE file
No. 3	Applicant (Part 1 completed)	3. Destroy