Foothill College Refund and Transfer form

To request a refund from a Foothill College Community Education class, this form must be completed, signed and submitted to the Sunnyvale Campus office of Foothill College, located at 1070 Innovation Way, Sunnyvale, CA 94989. Refund requests are NOT approved automatically. No prorated tuition refunds are given. Please allow 1-2 weeks for processing of approved refunds.

Class Name:			Date:			
Instructor Name:	Class Start Date:					
Class #:	t: Tuition Paid:					
If I receive a refund, I	authorize Foothill C	ollege to	:			
Credit my o	credit card (ONLY o	n credit c	ard transactions)			
Send my re	efund in the form of	a check ((for cash/check trar	sactions)		
For one-time transfers	s, please list the cla	ss you w	Il transfer to:			
Name of class:	Course #					
Student name:			Email:			
Address:			Phone:			
Signature:			Date:			
Before 1st class: A stransfer to another class. No re	ass one time at no c funds or transfers.	harge				
FOR OFFICE USE O						
THIS FORM WAS RE	ORM WAS RECEIVED: \$		in fees will be:			
before the	first class		refunded via:	check	credit card	
after the fir	st class		transferred to another class			
		refund/transfer denied				
Staff Mambar			Data			