CENTRAL TEXAS COLLEGE

P.O. Box 1800
Bell-Coryell Counties
Killeen, Texas 76540-1800

Application For Refund

Main Campus and Main Campus DL Only

To: Business Office

From: _____ Date: _____
Campus Registrar

_____ _____
Student's Full Name Social Security Number

_____
Student's Mailing Address (where check should be mailed) City & State Zip Code

The student named above hereby applies for a refund in accordance with College policy based on the class enrollment adjustment shown below:

I. Drop:

1. Dropped____semester hours on _____which reduces his load from _____to_____ semester hours.
   Date
2. Date instruction began _____ .

Course Number _____ Course Number _____
_____ _____
_____ _____

II. Add:

1. Added____semester hours on _____which increases his load from _____to_____ semester hours.
   Date

Course Number _____ Course Number _____

III. Reason for Refund: _____

_____

_____ _____
Verified, Records Action Taken, Campus Registrar (Date) Student's Signature

Reset

Below This Line For Business Office Use

	Original Charges	Serviceman's Share	Adjusted Charges	Serviceman's Share	Amount Subject To Refund	% Of Refund	Non-Cash Credit	Amount Of Refund
Tuition	$_____	$_____	$_____	$_____	$_____	_____%	$_____	$_____
Fees	$_____	$_____	$_____	$_____	$_____	_____%	$_____	$_____
Meal Ticket	$_____	$_____	$_____	$_____	$_____	_____%	$_____	$_____
Dorm	$_____	$_____	$_____	$_____	$_____	_____%	$_____	$_____
Property Deposit	$_____	$_____	$_____	$_____	$_____	_____%	$_____	$_____
Career Pilot	$_____	$_____	$_____	$_____	$_____	_____%	$_____	$_____
_____	$_____	$_____	$_____	$_____	$_____	_____%	$_____	$_____
_____	$_____	$_____	$_____	$_____	$_____	_____%	$_____	$_____
Total	$_____	$_____	$_____	$_____	$_____	_____%	$_____	$_____

_____ _____ _____
Paid Receipt Nos. Receipt No. Check No.