

Semester / Year



### WORKFORCE DEVELOPMENT NON-CREDIT COURSE REFUND REQUEST FORM

**PROVIDE A CAREFULLY DETAILED EXPLANATION** for your request for a refund regarding a *non-credit course*. You can attach additional pages for your explanation if needed. You must **attach supporting documentation**, such as letters from physicians, employers, etc., as it pertains to the nature of your refund request. Lack of specific information and failure to supply documentation supporting your reason/explanation will adversely impact the response to your request.

This form may be submitted via email to the designated Workforce Development department offering the training for which a refund is being requested.

Name of Student

Student I.D. #

Address

Street Address

City

State

Zip Code

Phone #

Email

Date of Non-Credit Course Withdrawal	Non-Credit Course Title/Course ID/Section ID	Start Date of Non-Credit Course

**TYPE OR PRINT** the reason/explanation for refund request (You may use additional pages if needed.) You must **attach supporting documentation**.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

**Received by (initials):** \_\_\_\_\_  
Walk-In   Email   Fax   Mail  
**Date Received:** \_\_\_\_\_

**Date Reviewed:** \_\_\_\_\_   Refund Approved   Refund Denied  
**Reviewer's Signature:** \_\_\_\_\_  
**Comments (if applicable):** \_\_\_\_\_