

Refund Request Form

Accounting Office:

Date: _____ Program: _____

☐ Semester ☐ Session: ☐ Fall ☐ Spring ☐ Summer Year: 20____

Name: _____ E-Mail: _____

Mailing Address: _____

Student ID #: _____ Phone #: (_____) _____ - _____

Tuition: _____ Misc.: _____

Room & Board: _____ Misc.: _____

Security Deposit: _____ Service Charge: -\$20.00

Total: _____

Reason For Refund: _____

Student Signature: _____

UWest, reg-10/10/19

Approved

Approved

By : _____ By: _____ Date: _____

Department Director

Registrar

Refund will be received within 30 days.



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