

**California State University, Fresno**  
**MISCELLANEOUS FEES**  
**REFUND APPLICATION**

**ALL REFUNDS WILL BE SUBJECT TO A \$5.00 ADMINISTRATIVE FEE**

Last Name _____	First Name _____	M.I. _____	Fresno State Id Number (      ) _____
Mailing Address _____			Phone Number _____
City _____	State _____	Zip _____	Term/Year _____

<input type="checkbox"/> Admissions Application Fee	<input type="checkbox"/> Library: Fines / Books      Student / Other
<input type="checkbox"/> Diploma Fee: Post Bac	<input type="checkbox"/> Parking Fines: Overpayment
<input type="checkbox"/> Health Fees / Pharmacy	<input type="checkbox"/> Transcripts: Regular / Doc Reprod
<input type="checkbox"/> Health Service Fee (50+ miles)	<input type="checkbox"/> Other _____

Reason: \_\_\_\_\_

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**DEPARTMENT APPROVAL**

Amount Paid      \$ _____	Refund Amount      \$ _____
Transaction # _____	
Transaction Date _____	
Collection Sheet # _____	
_____ Department Approval _____ Date _____	

**CHARTFIELD DISTRIBUTION**

ACCOUNT	FUND	ORG ID	PROGRAM	SUBCLASS

**ACCOUNTING OFFICE USE ONLY**

Administrative Fee _____	Date: _____	Refund Amount      \$ _____
Processed By _____	Date: _____	Refund Check # _____
Approved By _____	Date: _____	Refund Check Date _____
		EFT Date _____