

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

Student Financial Services (559) 278-2876  
 5150 N. Maple Ave. MS JA58  
 Fresno, CA 93740-8026

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

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

I understand that my refund will be issued to the preference I chose through Higher One.

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

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

**ADMISSIONS, RECORDS, AND EVALUATION OFFICE USE ONLY**

	<b>Units</b>	<b>Date</b>			
Initial Units	_____	_____	Term:	_____	_____
Units Added	_____	_____		Fall	Spring
Units Dropped	_____	_____			Summer
Units Remaining	_____	_____	Status:	_____	_____
Net Change	_____	_____		Resident	Non-Res
					Foreign
Verified By:	_____	_____		_____	_____
				Approval	Date

**FINANCIAL AID OFFICE USE ONLY**

Refund to student      \$ \_\_\_\_\_

Amount      Approval      Date

**ACCOUNTING OFFICE USE ONLY**

Payment Date	_____		<b>Approvals</b>	<b>Date</b>
Tuition Paid	\$ _____	Processed By	_____	_____
Third Party Payment	\$ _____	Approved By	_____	_____
Waivers	\$ _____			
<b>Total Credit</b>	\$ _____			
Tuition	\$ _____			
Less: Processing Fees	\$ _____	<b>Refund Check Number</b>	_____	
Less: Other	\$ _____	<b>Refund Check Date</b>	_____	
<b>Amount Refunded to Student</b>	\$ _____	<b>EFT Date</b>	_____	

Notes: \_\_\_\_\_