



REQUEST FOR REFUND OF FEES

Your request may be mailed, emailed, faxed or delivered to:

California State Polytechnic University, Pomona

Student Accounting & Cashiering Services

Building 98, B1-123 (Cashiers Office, 1st floor of the CLA building on the Japanese Garden side)

3801 West Temple Avenue

Pomona, CA 91768

Email: sacs@csupomona.edu

Phone (909) 869-2010

Fax (909) 869-5354

**Please allow 5-10 days
for processing!**

REFUND FORM ONLY - YOUR CLASSES WILL NOT BE DROPPED
BY COMPLETING THIS FORM

| Print | |
|----------------------------|--------------------------|
| Date: | Bronco ID Number: |
| Name: | Term: |
| Total Amount Requested: \$ | Student's Email Address: |
| Reason for Refund: | |
| | |
| | |
| | |
| | |
| | |
| Student Signature: | |

| For Student Accounting & Cashiering Services Use Only | |
|---|--|
| Student Account Verified By (SACS): _____ | |
| Date: _____ | |
| Refund Approved By: _____ | |
| Date: _____ | |