



## STUDENT REFUND REQUEST FORM

**Instructions: Please print, complete, and submit either in person or email [acebursars@bmcc.cuny.edu](mailto:acebursars@bmcc.cuny.edu).**

If there are extenuating circumstances that have prevented the student from dropping his or her class(es) within the 100% or 50% refund periods and warrant exception to the refund procedure, the student must submit the following packet of documents.

### Packet of Required Documents:

1. Tuition Refund Request Form (All applicable fields must be completed)
2. A statement of explanation, written and signed by the student

Note: The statement of explanation must describe the circumstance that prevented the student from dropping the course(s) prior to the 100% or 50% refund periods and correlate to the official third-party supporting documentations

### 3. Official third-party supporting documentation, if any.

#### Personal Information

Full Name: \_\_\_\_\_  
*Last* *First* *M.I.*

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_  
*City* *State* *ZIP Code*

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email \_\_\_\_\_

#### Reasons for requesting a tuition refund



**COMPLETION OF THIS SECTION IS REQUIRED FOR PROCESSING**

**1. OUTSIDE FUNDING SOURCES**

Did you receive any outside funding sources for the term and year of this request? \_\_\_ Yes \_\_\_ No  
If the answer is yes, please provide which one?


**2. COURSE INFORMATION:**

- a. **Technology and Programming (list each course)**
  
  
- b. **Allied Health (list each course)**
  
  
- c. **Professional Development (list each course)**

**3. STUDENT SIGNATURE:**

**Packet of Required Documents:**

Please attach to this form: 1) A statement written by you, the student, of the reason(s) you believe you should receive a refund; 2) Official third-party supporting documentation, if any. Refund requests submitted after the deadline date in accordance with our refund policy and/or without all required documents will not be considered.

My signature below affirms that I understand based on the information provided, that I will receive written notification of the decision approximately six (6) weeks after the Administration Department received the completed request. I also understand that approval of this request is not guaranteed. I also understand that if I received outside funding source, program regulations may require that all or part of the refunded monies be returned to the funding source. I may be required to repay all or part of my financial aid back to the funding source. BMCC Continuing Education will not be held liable for any funds owed to outside sources.

By acknowledging this form, I understand that I may be held responsible for any outstanding funds due under my partial payment plan, if any.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_



**FOR OFFICE USE ONLY**

Courses dropped: No / Yes    Date dropped: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Verified by: \_\_\_\_\_

Student statement attached: No / Yes

Third-party documentation attached: No / Yes

**Request Approved for:** 100% or 50% refund period

Extenuating circumstance prevented the student from dropping his or her class(es) within the 100% or 50% refund period (YES/NO)

**Request Denied**

Extenuating circumstance did not prevent the student from dropping his or her class(es) within the 100% or 50% refund period. The circumstances occurred after all refund periods.

Recommendation of a staff member, faculty member or administrator:


**Bursars:** \_\_\_\_\_

**Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_