

COLLEGE OF DuPAGE

Continuing Education -- SRC 1110
Phone: (630) 942-2208
Fax: (630) 942-3785
Email: ce@cod.edu

Received by: _____

Date: _____

REQUEST FOR TUITION REFUND

Appeals will only be considered within 1 year from the semester that the courses were originally enrolled.

_____ Date

_____ Semester

Student's Name: Last, First, Middle Initial (Please **PRINT** Clearly.) _____

_____ COD Student ID Number or SSN

Street Address (Include apt. number if applicable) _____

_____ City

_____ State

_____ Zip Code

_____ Phone #

_____ Email Address

Preferred method of contact if additional information is required: ☐ Mail ☐ Phone ☐ Email

(1st) Course Name and Section _____

_____ Instructor's Name

_____ Last Date Attended

_____ Drop Date

(2nd) Course Name and Section _____

_____ Instructor's Name

_____ Last Date Attended

_____ Drop Date

(3rd) Course Name and Section _____

_____ Instructor's Name

_____ Last Date Attended

_____ Drop Date

(4th) Course Name and Section _____

_____ Instructor's Name

_____ Last Date Attended

_____ Drop Date

Please describe:

1. Why you withdrew from your class (es).
2. Why you did not withdraw during the refund period.

To expedite processing, please provide supporting documentation with your request.

For Continuing Education Registration Office Use Only: ☐ Approved ☐ Denied

Amount Refunded (if Approved) \$ _____

Initials: _____

Date: _____

(over)

**RETURN COMPLETED FORM WITH APPROPRIATE DOCUMENTATION
TO THE CONTINUING EDUCATION DEPARTMENT**

EMAIL CE@COD.EDU OR MAIL TO THE ADDRESS BELOW:

**ATTN: Tuition APPEALS
Continuing Education -- SRC 1110
College of DuPage
425 Fawell Blvd
Glen Ellyn, IL 60137
PHONE: (630) 942-2208**