

Request for Special Circumstances Refund Instructions

Instructions to Fill Out This Form.

1. Fill out Name, Campus ID, Address, Email, and Phone Number
2. Attach personal statement and supporting documentation
3. Select Semester and academic year
4. Select the applicable reason
5. Click on Finish
6. Click Download or Print to obtain a copy of the form

PowerForm Signer Information

Fill in the name and email for each signing role listed below. Signers will receive an email inviting them to sign this document.

Please enter your name and email to begin the signing process.

Your Role:
Student *

Your Name:

Your Email:

Accept DocuSign electronic agreement

Click the checkbox to agree to use electronic records and signatures and then click “Continue”.

 Please read the [Electronic Record and Signature Disclosure](#).

I agree to use electronic records and signatures.

Employee Information and Required Information

Fill out the required fields as indicated by the red boxes.

CALIFORNIA STATE UNIVERSITY LONG BEACH

REQUEST FOR SPECIAL CIRCUMSTANCES REFUND

APPLICATION INFORMATION

Last Name, First Name: Campus ID:

Address:

Email: John.Doe@csulb.edu Phone Number:

I am requesting a refund and/or reduction in tuition and fees for semester due to the reason indicated below:

- Death of Student:** This request must be supported by a copy of the signed death certification, which must be attached to the Request for Special Circumstances Refund.
- Compulsory Military Service:** A copy of the signed military orders must support this request, and must be attached to the Request for Special Circumstances Refund.
- Campus Variation:** This request must be supported by the signed verification from a University department that it erred in providing information to the student, which resulted in the student's failure to meet a deadline (e.g., departmental verification that information was provided to the student, which differs from information published in the Schedule of Classes).
- Fees Collected in Error:** This request must be supported by written verification from a University department that the campus collected funds from the student for a semester and then subsequently determined the student to be ineligible for enrollment for that same semester (e.g., documentation which displays that student was academically disqualified).
- Other:** I understand that the California Code of Regulations/Title V restricts the credit of registration fees and/or tuition to the deadlines as published in the Schedule of Classes. However, since I do not qualify for one of the above four categories available in Title V, I have attached a statement of my situation for special consideration.
- Medical:** If a refund is being requested due to medical reasons, the student must FIRST complete a [Catastrophic Withdrawal Request - Medical](#) with Enrollment Services. If withdrawals are approved, you may then submit this form, if necessary, along with supporting documentation. Refunds may be calculated on a prorata basis. Approval of withdrawal forms does not guarantee approval of this request.

Attach personal statement and supporting documentation here:



PLEASE NOTE: Requests can only be submitted for balances related to tuition and fees. Balances due for any other charges, or as result of financial aid owed back to the University are not eligible for review. [initials required]
For more information, please refer to the [Refund Section under Tuition and Fees](#). My signature on this application acknowledges that I have received, read and understand the policies and procedures for filing this application.

Signature of Student

7/31/2019

Date

Reviewed by

Date

Completed by

Date

FOR DEPARTMENT USE ONLY

Comments:

Sign and complete DocuSign form

Click “Sign” to electronically sign the form.

	7/31/2019
	
Signature of Student	Date

When you are signing the DocuSign form, please change from the email address name to your first and last name in the Full Name field. Initial next to your name and click “Adopt and Sign”. Click "Finish" when done.

Adopt Your Signature ×

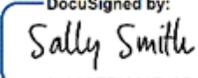
Confirm your name, initials, and signature.

* Required

Full Name* <input type="text" value="Sally Smith"/>	Initials* <input type="text" value="SS"/>
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SELECT STYLE DRAW

PREVIEW [Change Style](#)

DocuSigned by:

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By selecting Adopt and Sign, I agree that the signature and initials will be the electronic representation of my signature and initials for all purposes when I (or my agent) use them on documents, including legally binding contracts - just the same as a pen-and-paper signature or initial.

ADOPT AND SIGN	CANCEL
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Click download or print a copy of the form for your records.

Save a Copy of Your Document



Your document has been signed

If you would like a copy for your records, click Download or Print and save.

DOWNLOAD **PRINT** **CLOSE**