

UCSB Summer Sessions Refund Petition

Date: _____ Name: _____

Perm # _____ Address: _____

Phone # _____ E-mail: _____

Petitions to refund a fee charged by the Office of Summer Sessions will be considered on the basis of the registration transaction records held by the Registrar's Office and any supporting documentation you attach. Review will begin July 17, 2017 and a written response will be sent to the email address indicated.

1. Did you miss the deadline relating to the fee you want reviewed due to a sudden or debilitating accident, or a death in your immediate family? Yes (If yes, please attach verification from a doctor.) No

2. Are you filing this petition because you missed the relevant deadline due to an action or inaction on the part of a university office? Yes (If yes, attach documentation from the office involved to verify your circumstances) No

Please check a box below indicating which refund(s) you are requesting.

UNIT FEE REFUND

Unit fees are refunded based on the session and the prorated scale detailed below:

Session A, B, C

Week 1: 100%

Week 2: 90%

Week 3: 50%

Week 4: 25%

After Week 4: 0%

Session D, E, F, G

Week 1: 100%

Week 2: 50%

After Week 2: 0%

1. Have you dropped the course concerned?

Yes No (If no, note that your request for a unit fee refund will not be reviewed until the course has been dropped.)

2. Are you applying for a unit fee refund for dropping your last course?

Yes No

\$50 LATE PAYMENT FEE

(Only refunded in cases of verifiable illness, accidents, death of immediate family, or university error.)

\$100/50 LAPSE FEE

(Only refunded in cases of verifiable illness, accidents, death of immediate family, or university error.)

OTHER FEES/Application Fees – Place on next page in explanation

YOUR SIGNATURE: _____ DATE _____

Please continue to page 2 to describe your rationale for the refund. Please attach any additional documentation after page 2.

