CLAYTON STATE UNIVERSITY
Center for Continuing Education ■ 2000 Clayton State Blvd ■ Morrow, GA 30260
Phone: 678-466-5050 ■ Fax: 678-466-5089 ■ www.conted.clayton.edu

Refund / Transfer Request

Date Received: _____

Student Name: _____

Address: _____ City/State/Zip: _____

Telephone #: _____

Date of Request: _____ Course #: _____

Reason for Refund / Transfer:

☐ Student Refund ☐ Transfer to another course Course #: _____

☐ Transfer to Other Student - Student Name: _____

Student Telephone: _____

Prior to First Class	Refund	Credit
10 days or more	85%	85%
2-9 days before	35%	35%
The day before	0	0

Payments made by cash, check, or money order will be refunded by a check in the mail, please allow 4-6 weeks. Credit/debit card transactions will be credited back to the card on which the payment was made. Please fax this form to (678) 466-5089 or mail it to Refund, Clayton State University, Center for Continuing Education, 2000 Clayton State Boulevard, Morrow, GA 30260. Please be sure to call our offices at (678) 466-5050 within the refund period to ensure that your refund Request has been received.

Student Signature *Date*

☐ Processed ☐ Denied

Date :

Comments:

Refund / Transfer Authorization