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: ________________________________

<table>
<thead>
<tr>
<th>Prior to First Class</th>
<th>Refund</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 days or more</td>
<td>85%</td>
<td>85%</td>
</tr>
<tr>
<td>2-9 days before</td>
<td>35%</td>
<td>35%</td>
</tr>
<tr>
<td>The day before</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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

Revised 6/2011