Appeal to Refund Policy

Student Financial Services
California State University, Chico
Chico, CA 95929-0242
(530) 898-5936

Last Name First Name

Street Address

City State Zip

Chico State Student ID No. Phone

Student e-mail address

STUDENT STATUS

- ☐ Currently Enrolled
- ☐ Recently Withdrawn
- ☐ Not Enrolled, Last Attended _____

FEES APPEALED

- ☐ Registration Fees
- ☐ Full-time to part-time enrollment
- ☐ Non-Resident Tuition (# of units _____)
- ☐ Late Fee
- ☐ Other (please describe)

DOLLAR AMOUNT OF FEE(s) TERM:

$ _____ _____

DECISION (Office Use Only)

- ☐ Approved
  $ _____
- ☐ Adjusted
  $ _____
- ☐ Denied
- ☐ Pending, require additional documentation as noted below

Explanation:

Explain why your appeal should be approved (attach additional explanation, supporting documents, doctor's note for medical related withdrawal, etc.)

Signature Date

SFIN USE:
Date Submitted _____
Received By _____
Student Notified _____