Refund Request

Student Information

Last name: ________________________________
First name: ______________________________
Street Address: __________________________
City: _____________________________________
State: ________ Zip code: ________________
Student ID: ______________________________
Telephone: (___)________________________

<table>
<thead>
<tr>
<th>Semester</th>
<th>Year</th>
<th>Units</th>
<th>Item Description</th>
<th>Payment</th>
<th>Date</th>
<th>Total</th>
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Credit Card Payments only
Credit Card no. _________________________ Expiration Date: _______ Amount: $_________
Signature ____________________________________________ Date ______________

Approved, Director of ITV/The Weekend College: ___________________________ Date: ______________

Refund checks will be issued in approximately 2 weeks.

ITV/
The Weekend College
13356 Eldridge Avenue
Sylmar, CA 91342
Phone: (818) 833-3592
Fax: (818) 833-3598

OFFICE USE ONLY
Date received: __________ Processed: _________ Signed by: ______________________