LOS ANGELES	
MISSION	COLLEGE
Business Office	

One of the nine Los Angeles Community Colleges

Enrollment Fee	IMED	Overpayment
Tuition	Sevis Fee	Transcript
Health Fee	Representation Fee	Other
ASO	Parking	

Student Name:	
Student Identification No.:	
Student's Mailing Street Address:	
Address: City, State, & Zip Code:	City: State: Zip Code:
Telephone (daytime) Number:	
Semester & Year for Refund:	Fall / Spring / Summer / Winter Inter-session 20
Refund Amount:	\$
Type of Refund:	Circle Refund Type: Check / Credit Card
Credit Card Number:	
Expiration Date:	Security /CVV Code:
Cardholder's Name:	
Student Signature:	Date:

OFFICE USE ONLY

Approved by:	Date:
Processed by:	Date:
Check number:	Credit Card Authorization Number:

Our Mission Is Your Success

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