

Refund Application

Victor Valley College, Bursar's Office, 18422 Bear Valley Road, Victorville, 92395-5850

PLEASE PRINT

Student ID #: _____

Student Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone Number: _____

- *Parking will be refunded for all canceled classes. Parking Permit must be attached or returned to Campus Police in order to receive a refund.
- **Fees for Parking and ASB will be refunded if classes were dropped **PRIOR** to the first day of each semester. ASB Card and Parking Permit must be attached in order to receive a refund.
- Allow up to 6 weeks for processing.

Dropped Units	_____	x	_____	=	\$	_____		Student Transportation	\$	_____
Canceled Units	_____	x	_____	=	\$	_____		Parking Permit*	\$	_____
Out-of-State Tuition	_____	x	_____	=	\$	_____		Student Center	\$	_____
Refund Processing Fee					\$	_____			\$	_____
ASB Card**					\$	_____			\$	_____
Student Representation					\$	_____			\$	_____
								Refund Due	\$	_____

Student Signature

Date

FOR OFFICE USE ONLY:			
Description	Account Number	Refund Amount	Refund Term
Enrollment	01-00-20-0000-0000-8874	\$	
Tuition	01-00-20-0000-0000-8880	\$	
Enrollment (Prior Year)	01-00-20-0000-0000-8899	\$	
Tuition (Prior Year)	01-00-20-0000-0000-8899	\$	
FACTS Overpayment	01-00-20-0000-0000-8899	\$	
Miscellaneous Overpayment	01-00-20-0000-0000-8899	\$	
Student Center Fee	73-00-20-0000-0000-8883	\$	
Parking	01-50-20-0000-5001-8881	\$	
ASB Card - VVC	01-50-20-0000-4005-8849	\$	
Student Rep Fee - VVC	01-50-20-0000-4005-8884	\$	
Student Rep Fee - Chancellor's Office	01-50-20-0000-4006-8884	\$	
Student Transportation Fee	01-50-20-0000-4007-8886	\$	
FT Materials	01-50-20-0000-4060-8877	\$	
AJ/CJ Materials	01-50-20-0000-4061-8877	\$	
Community Education	01-50-20-0000-5003-8872	\$	
Community Ed - Phlebotomy	01-50-20-0000-5004-8872	\$	
Contract Ed - CED01	01-50-20-0000-5018-8835	\$	