

Refund Application

Victor Valley College, 18422 Bear Valley Road, Victorville, 92395-5849

PLEASE PRINT

Student ID# (SSN) _____

Student Name: _____

Mailing Address: _____

City, State, Zip: _____

	Dropped Units	_____ x _____ =	_____
	Cancelled Units	_____ x _____ =	_____
	Refund Processing Fee		_(10.00)_
Paid Units	_____	Student Center	_____
Remaining Units	(_____)	Parking Permit*	_____
Refund Units	_____	ASB Card*	_____
		_____	_____
	Out-of-State	_____ x _____ % =	_____

		Refund Due \$	_____

Original registration receipts are required for verification of payment.

*ASB Card and parking permit must be attached in order to receive a refund.

Student Signature

Date