

Central Carolina Community College

Continuing Education DROP/ADD/REFUND Form (Revised 03/2014)

(Top portion to be completed by the Student and/or the Instructor).

DATE Completed by Student: _____ Social Security Number or Student ID: _____

NAME: _____

(Last)

(First)

(Middle/Maiden)

Mailing Address: _____ Home Phone: (____) _____

_____ (zip) _____ Work Phone: (____) _____

.....
This portion completed by the Director/Coordinator

DROP:

ADD:

Course Number/Title	Reg Fee	Course number/Title	Reg Fee
_____ / _____	_____	_____ / _____	_____

Instructor/Director Signature Verifying information Date

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CENTRAL CAROLINA COMMUNITY COLLEGE
CONTINUING EDUCATION WITHDRAWAL/REFUND FORM (REVISED 03/2014)

____ YES ____ NO Did the student prepay **and** request a refund **prior** to the **first** day of class?
(Eligible for full refund)

____ YES ____ NO Did the student prepay and request a refund **on the first day** of class?
(Eligible for 75% refund)

____ YES ____ NO For classes that are scheduled to meet five or more times, did the student withdraw and
Request a refund prior to the: (ELIGIBKE 75%)

10% Occupational Class 20 % Community Service Class

10% Date _____ 20% Date _____

Withdrawal confirmed by: _____ Date: _____

Director/Coordinator Signature

To Business Office:

Please send a refund in the amount of \$ _____ to the above student.

