

Kremen Education Building, Room 130  
 5005 N. Maple Avenue, MS ED76  
 Fresno, CA 93740-8025  
 559.278.0333 • 559.278.0395 FAX  
 cge.fresnostate.edu  
 (please print clearly in black or blue ink)



Continuing and Global Education

**Schedule Change/Refund Form**

Make program changes and pay fees online at  
 my.fresnostate.edu

<b>PLEASE INDICATE</b>	
<input type="checkbox"/>	Fall 20_____
<input type="checkbox"/>	Winter 20_____
<input type="checkbox"/>	Spring 20_____
<input type="checkbox"/>	Summer 20_____

\_\_\_\_\_  
 Last Name First Name M.I. Date of Birth Fresno State ID

\_\_\_\_\_  
 Mailing Address (City, State, Zip) Email Address Phone Number

I understand that my refund will be issued to the preference I chose through BankMobile Disbursements.

Select Code: **A** = Adding a Course; **D** = Dropping a Course or Complete Withdrawal; **C** = Change in Grading Option

Code	Class No.	CREDIT COURSES ONLY				For Open University, signatures required for drops/withdrawals				Fees (if adding)
		Course (e.g. ART 20)	Permission Number (if adding)	# of Units	Grading Option Letter CR/NC	Instructor's Signature	Date	Chair's Signature	Date	
(For policies and procedures, visit: fresnostate.edu/cge)										Course Fee
										Total Fees \$

\_\_\_\_\_  
 Dean of Undergraduate/Graduate Studies Signature Date  
 (Required last three weeks of semester only –  
 For Open University only)

**Payment Information**

Please make payment online or at the Cashier Window. Please refer to your Fresno State Portal for balance and deadline information.

If eligible and applying for a refund, please list your reason below. If dropping after the refund eligibility deadline, please provide supporting documents.

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Student's Signature Date

**Continuing and Global Education use only**

Prog. Coord.: Full refund/reversal \_\_\_\_\_ Pro-rated refund/reversal \_\_\_\_\_ No refund/reversal \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

Registrar: Total Units Dropped \_\_\_\_\_ I certify that the amount of \$ \_\_\_\_\_ was collected/sponsored. Initials \_\_\_\_\_ Date \_\_\_\_\_

Operations Support Coordinator: Amount of refund/reversal approved \$ \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
 Authorized Signature, Continuing and Global Education Date

**Accounting Office use only**

Transaction # \_\_\_\_\_ Transaction Date \_\_\_\_\_

Refund student's account: \$ \_\_\_\_\_ Date \_\_\_\_\_ Refund paid on Check # \_\_\_\_\_ Date \_\_\_\_\_

Refund processed by: Initials \_\_\_\_\_ Date \_\_\_\_\_ Approved by: Initials \_\_\_\_\_ Date \_\_\_\_\_