

Kremen Education Building, Room 130
 5005 N. Maple Avenue, MS ED76
 Fresno, CA 93740-8025
 559.278.0333 • 559.278.0395 FAX
 www.fresnostate.edu/cge



Continuing and Global Education

Schedule Change/Refund Form

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

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

(please print clearly in black or blue ink)

 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 Bank Mobile.

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 _____