

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

PLEASE INDICATE	
<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 BMTX, Inc. 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: cge.fresnostate.edu)										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. 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 _____