



The refund calculation form is a calculation sheet used to determine refunds owed to students who cease instruction, whether through withdrawal or termination, prior to the completion of the program.

SCHOOL NAME
SCHOOL LOCATION
REFUND CALCULATION FORM
(terms)

STUDENT NAME: _____

Social Security #: (last four digits only) XXX-XX-_____ **D.O.B.** ___/___/___

Program _____ **Hours** _____

Start Date ___/___/___ **Last Date of Physical Attendance** ___/___/___

Scheduled Graduation Date ___/___/___ **Hours Offered to Student** _____

Schedule: _____ hours each week for _____ weeks

This schedule divides the program into _____ terms. The student's last date of physical attendance occurred during week number _____ of term number _____.

Total tuition for the program \$_____ **Tuition per Term** \$_____

Percentage of last term's tuition retained _____%

Student Tuition Liability (amount owed/paid to school) for the Last Term Attended:
\$_____

Student Tuition Liability (amount owed/paid to school) for Previous Terms Completed:
\$_____

Student Liability for Textbooks Accepted: \$_____

Student Liability for Equipment and/or Student Kit (if required): \$_____

Non-Refundable Registration Fee: \$_____

Total Student Liability: \$_____

Total Student Payments Including Grant/Loan Payments \$_____

Refund Due if Payments Exceed Liability: \$_____

Date of Refund ___/___/___ **Check No.** _____



**SCHOOL NAME
SCHOOL LOCATION
REFUND CALCULATION FORM
(quarters)**

STUDENT NAME _____

Social Security #: (last four digits only) XXX-XX-_____ D.O.B. ___/___/___

Program _____ Hours _____

Start Date ___/___/___ Last Date of Physical Attendance ___/___/___

Scheduled Graduation Date ___/___/___ Hours Offered to Student _____

Schedule: _____ hours each week for _____ weeks

This schedule divides the program into _____ quarters. The student's last date of physical attendance occurred during week number _____ of quarter number _____.

Total tuition for the program \$_____ Tuition per Quarter \$_____

Percentage of last quarter's tuition retained _____%

**Student Tuition Liability (amount paid/owed to school) for the Last Quarter Attended:
\$_____**

**Student Tuition Liability (amount paid/owed to school) for Previous Quarters Completed:
\$_____**

Student Liability for Textbooks Accepted: \$_____

Student Liability for Equipment and/or Student Kit (if required): \$_____

Non-Refundable Registration Fee: \$_____

Total Student Liability: \$_____

Total Student Payments Including Grant/Loan Payments \$_____

Refund Due if Payments Exceed Liability \$_____

Date of Refund ___/___/___ Check No. _____



**SCHOOL NAME
SCHOOL LOCATION
REFUND CALCULATION FORM
(mini-program)**

STUDENT NAME _____

Social Security #: (last four digits only) **XXX-XX-**_____ **D.O.B.** ___/___/___

Program _____ **Hours** _____

Start Date ___/___/___ **Last Date of Physical Attendance** ___/___/___

Scheduled Graduation Date ___/___/___ **Hours Offered to Student** _____

Schedule: _____ hours each week for _____ weeks

The student's last date of physical attendance occurred after _____% **of the program.**

Total tuition for the program \$ _____

Percentage of tuition retained _____%

Student Tuition Liability (Due to School): \$ _____

Student Liability for Textbooks Accepted: \$ _____

Student Liability for Equipment and/or Student Kit (if required): \$ _____

Non-Refundable Registration Fee: \$ _____

Total Student Liability: \$ _____

Total Student Payments: \$ _____

Refund Due if Payments Exceed Liability: \$ _____

Date of Refund ___/___/___ **Check No.** _____