



Refund Request Form

Cayuga ID Number C _____ Name _____
First Middle Last

Mailing Address _____
Street/PO Box City State Zip Code

Phone Number _____ E-mail Address _____

The Tuition & Fees Appeals Committee carefully considers the nature, timing, severity and other factors associated with each unique request. We know that many Cayuga students suffer severe hardships and make great sacrifices to pursue their educational goals, yet we are able to approve refunds in only the most exceptional cases.

COURSE INFORMATION *(Check all appropriate boxes.)*

Semester Fall/Year _____ Spring/Year _____ Summer/Year _____ Intersession/Year _____

Have you received Financial Aid? Yes No

List the course(s) for which you would like a refund. If all courses, check the following box. ALL

CRN	Dept	Course#	Section#
_____	_____	_____	_____
_____	_____	_____	_____

REASON FOR REQUEST *(Please provide any relevant documents.)*

Empty box for providing the reason for request and relevant documents.

Signature _____ Date _____

Please e-mail this completed form to hvitale@cayuga-cc.edu. Questions can be directed to Haley at hvitale@cayuga-cc.edu or 315-294-8660.

The deadline to request a refund is one year from the end of the semester. The refund schedule is published at <https://www.cayuga-cc.edu/students/enrollment/financial-services/refund-policy/>.