

Hibbing Community College

a technical & community college

Refund Request

Name: _____ HCC ID # _____
(Last) (First) (Middle)

Address: _____ City/State/Zip: _____

I request a refund of my tuition payment for the following reasons:

Other _____

I made a complete withdrawal from college because _____

I dropped the following class/classes on or before the end of the drop/add period:

Department	Course#/Section	Course Title	# Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I added the following class/classes on or before the end of the drop/add period:

Department	Course#/Section	Course Title	# Credits
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I am receiving financial aid ____ Yes ____ No The last day I attended classes was _____

Student Signature: _____ Date: _____

Office Use Only

Date tuition was paid _____
General Fees Received \$ _____
Special Fees \$ _____
\$ _____

Approval _____ % Refund
Date _____ Denied Refund
General Fees Refund \$ _____
Special Fees Refund \$ _____

Date Sent to Business Office _____ Total Refund \$ _____ Check# _____