



REFUND APPLICATION

(Please Print) _____
 Today's Date _____
 Name _____
 Address _____

Semester _____ 20 _____
 Student ID # @ _____
 Student Signature _____

Refunds will be mailed from the Kern Community College District. There will be a four to six week delay in check refunds.

Other: _____
 Total Refund: _____
 Office Staff: _____

AR-15

Copies: 1 & 2) Business Office 3) Student

Rev. 4-07

Cut along dotted line

Cerro Coso College | Business Office

- Cerro Coso College
3000 College Heights Blvd.
Ridgecrest, CA 93555 USA
- Phone: (760) 384-6214
- Fax: (760) 384-6372

Instructions

Refund Application Form

Please print and fax or mail form to:
 Cerro Coso Community College
 c/o Business Office
 3000 College Heights Blvd.
 Ridgecrest, CA 93555

Fax: (760) 384-6372