



# 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 [hbrechue@cayuga-cc.edu](mailto:hbrechue@cayuga-cc.edu). Questions can be directed to Haley at [hbrechue@cayuga-cc.edu](mailto:hbrechue@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/>.