

9101 Fayetteville Road
Raleigh, North Carolina 27603-5696

Year / Term _____

PART I

Date: _____

Name: _____ Telephone: (____) _____

Mailing Address: _____ Colleague ID#: _____

Course Title: _____ Section #: _____

Reason for dropping this course: _____

Student Signature_____
Date**OFFICE OF WORKFORCE DEVELOPMENT USE ONLY**

Census Date: _____ Begin Date: _____ WD Staff: _____

Check One: ☐ OE ☐ SS

Receipt Date: _____

☐ Request approved:☐ 100% ☐ 75%☐ Class Canceled☐ Transfer to another course☐ Other _____☐ Disapproved:☐ Past deadline☐ Other _____**Tuition/Fees Paid**

Receipt No. _____

Tuition _____

Insurance Fee _____

Supply Fee _____

Lab Fee _____

C/S Fee _____

Other Fee _____

Total _____

Refund Authorized

WD Registrar's Approval:

Signature: _____

Date: _____

Supervisor / Dean's Approval as appropriate:

Signature: _____

Date: _____

ACCOUNTING OFFICE USE ONLY**PART III**

General Ledger Number: _____

Description: _____

Signed: _____

Date: _____

WORKFORCE DEVELOPMENT REFUND POLICY

Withdrawals and Refunds

Refund requests and withdrawals **must** be made in writing by the student (**no exceptions**). Refund request forms are available at each class site. A request for refund may be made by letter.

- A **100% refund** shall be made if the student officially withdraws from the class before the first class meeting by submitting a written request.
- A **75% refund** shall be made if the student officially withdraws from the class prior to or on the 10-percent date of scheduled hours. Community school, facility, and lab fees are not refundable.

A full refund shall be made for classes canceled by the College. You do not have to request a refund.

DISTRIBUTION OF COPIES

	REQUEST APPROVED	REQUEST DISAPPROVED
Copy No. 1	Accounting Office	1. Applicant (Part II completed)
No. 2	WD File	2. WD file
No. 3	Applicant (Part 1 completed)	3. Destroy