



# HIBBING

COMMUNITY COLLEGE

Name: \_\_\_\_\_ HCC(Student) 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 _____	Approval _____	% Refund _____
General Fees Received \$ _____	Date _____	Denied Refund _____
Special Fees \$ _____	General Fees Refund \$ _____	
\$ _____	Special Fees Refund \$ _____	
Date Sent to Business Office _____	Total Refund \$ _____	Check # _____