School Name
Address
Telephone Number

Program Name & clock hours   ***Official Student Account Card***

Student name: _____

Address: _____

Telephone #: _____

Social Security #: _____

Start Date: _____   *End Date:* _____   *Last Date of Attendance:* _____

Item	*Charge*	*Payment*	*Method of Payment*	*Date*	*Balance*
Registration Fee					
Tuition					
Books					
Supplies					
Other					
Payment					
Payment					
Payment					
Payment					

Refund Calculation

1. Total Program Hours Through Last Date of Attendance: _____
2. Total Hours in Program: _____
3. Percent of Program Completed by date of last attendance (divide #1 by #2) _____ %
4. Percentage School May ***Retain*** (per Refund Policy Schedule): _____ %
5. Total Amount For Which Student Contracted: $ _____
6. Total Nonrefundable Items (per Refund Policy): $ _____
7. Portion Subject to Refund (subtract #6 from #5): $ _____
8. Total Received on Account From/For Student: $ _____
9. Percent *Amount* That School May ***Retain*** (multiply #7 with #4): $ _____
10. Subtract #9 from #8: $ _____

If line 10 is positive, this is what the School must refund the Student (or appropriate payer).
If line 10 is negative, this is what the Student owes the School.

Refund verification *(if refund is owed):*

		Copy of cancelled check (***both sides***) attached _____
Date Refund Paid: _____	Check #: _____	
Check Made Payable to:		