

The refund calculation form is a calculation sheet used to determine refunds owed to students who cease instruction, whether through withdrawal or termination, prior to the completion of the program.

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**SCHOOL NAME**  
**SCHOOL LOCATION**  
**REFUND CALCULATION FORM**  
**(terms)**

**STUDENT NAME:** \_\_\_\_\_

**Social Security #: (last four digits only) XXX-XX-\_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_**

**Program \_\_\_\_\_ Hours \_\_\_\_\_**

**Start Date \_\_\_/\_\_\_/\_\_\_ Last Date of Physical Attendance \_\_\_/\_\_\_/\_\_\_**

**Scheduled Graduation Date \_\_\_/\_\_\_/\_\_\_ Hours Offered to Student \_\_\_\_\_**

**Schedule: \_\_\_\_\_ hours each week for \_\_\_\_\_ weeks**

**This schedule divides the program into \_\_\_\_\_ terms. The student's last date of physical attendance occurred during week number \_\_\_\_\_ of term number \_\_\_\_\_.**

**Total tuition for the program \$\_\_\_\_\_ Tuition per Term \$\_\_\_\_\_**

**Percentage of last term's tuition retained \_\_\_\_\_%**

**Student Tuition Liability (amount owed/paid to school) for the Last Term Attended:  
\$\_\_\_\_\_**

**Student Tuition Liability (amount owed/paid to school) for Previous Terms Completed:  
\$\_\_\_\_\_**

**Student Liability for Textbooks Accepted: \$\_\_\_\_\_**

**Student Liability for Equipment and/or Student Kit (if required): \$\_\_\_\_\_**

**Non-Refundable Registration Fee: \$\_\_\_\_\_**

**Total Student Liability: \$\_\_\_\_\_**

**Total Student Payments Including Grant/Loan Payments \$\_\_\_\_\_**

**Refund Due if Payments Exceed Liability: \$\_\_\_\_\_**

**Date of Refund \_\_\_/\_\_\_/\_\_\_ Check No. \_\_\_\_\_**

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**SCHOOL NAME**  
**SCHOOL LOCATION**  
**REFUND CALCULATION FORM**  
**(quarters)**

**STUDENT NAME** \_\_\_\_\_

**Social Security #: (last four digits only) XXX-XX-\_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_**

**Program \_\_\_\_\_ Hours \_\_\_\_\_**

**Start Date \_\_\_/\_\_\_/\_\_\_ Last Date of Physical Attendance \_\_\_/\_\_\_/\_\_\_**

**Scheduled Graduation Date \_\_\_/\_\_\_/\_\_\_ Hours Offered to Student \_\_\_\_\_**

**Schedule: \_\_\_\_\_ hours each week for \_\_\_\_\_ weeks**

**This schedule divides the program into \_\_\_\_\_ quarters. The student's last date of physical attendance occurred during week number \_\_\_\_\_ of quarter number \_\_\_\_\_.**

**Total tuition for the program \$\_\_\_\_\_ Tuition per Quarter \$\_\_\_\_\_**

**Percentage of last quarter's tuition retained \_\_\_\_\_%**

**Student Tuition Liability (amount paid/owed to school) for the Last Quarter Attended:  
\$\_\_\_\_\_**

**Student Tuition Liability (amount paid/owed to school) for Previous Quarters Completed:  
\$\_\_\_\_\_**

**Student Liability for Textbooks Accepted: \$\_\_\_\_\_**

**Student Liability for Equipment and/or Student Kit (if required): \$\_\_\_\_\_**

**Non-Refundable Registration Fee: \$\_\_\_\_\_**

**Total Student Liability: \$\_\_\_\_\_**

**Total Student Payments Including Grant/Loan Payments \$\_\_\_\_\_**

**Refund Due if Payments Exceed Liability \$\_\_\_\_\_**

**Date of Refund \_\_\_/\_\_\_/\_\_\_ Check No. \_\_\_\_\_**

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**SCHOOL NAME**  
**SCHOOL LOCATION**  
**REFUND CALCULATION FORM**  
**(mini-program)**

**STUDENT NAME** \_\_\_\_\_

**Social Security #:** (last four digits only) **XXX-XX-**\_\_\_\_\_ **D.O.B.** \_\_\_/\_\_\_/\_\_\_

**Program** \_\_\_\_\_ **Hours** \_\_\_\_\_

**Start Date** \_\_\_/\_\_\_/\_\_\_ **Last Date of Physical Attendance** \_\_\_/\_\_\_/\_\_\_

**Scheduled Graduation Date** \_\_\_/\_\_\_/\_\_\_ **Hours Offered to Student** \_\_\_\_\_

**Schedule:** \_\_\_\_\_ hours each week for \_\_\_\_\_ weeks

The student's last date of physical attendance occurred after \_\_\_\_\_% of the program.

**Total tuition for the program** \$ \_\_\_\_\_

**Percentage of tuition retained** \_\_\_\_\_%

**Student Tuition Liability (Due to School):** \$ \_\_\_\_\_

**Student Liability for Textbooks Accepted:** \$ \_\_\_\_\_

**Student Liability for Equipment and/or Student Kit (if required):** \$ \_\_\_\_\_

**Non-Refundable Registration Fee:** \$ \_\_\_\_\_

**Total Student Liability:** \$ \_\_\_\_\_

**Total Student Payments:** \$ \_\_\_\_\_

**Refund Due if Payments Exceed Liability:** \$ \_\_\_\_\_

**Date of Refund** \_\_\_/\_\_\_/\_\_\_ **Check No.** \_\_\_\_\_