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.

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. __________
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. __________
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. _______