Coastal Carolina Community College Division of Continuing Education Occupational Extension Class Refund Policy

Fax to 910.347.6174 or e-mail to coned@coastalcarolina.edu. Call 910.938.6294 to confirm transmission.

Registration Fee Refunds. A refund shall not be made except under the following circumstances:

- (1) A student who officially withdraws (in writing) from an extension class(es) prior to the first class meeting shall be eligible for a 100 percent refund. Also, a student is eligible for a 100 percent refund if an applicable class fails to "make" due to insufficient enrollment.
- (2) After the respective class begins, a 75 percent refund shall be made upon the request of the student if the student officially withdraws (in writing) from the class prior to or on the 10 percent point of the scheduled hours of the class. Note: This rule is applicable regardless of the number of times the class meets or the number of hours the class is scheduled to meet.
- (3) A 100 percent refund shall be made if the student officially withdraws (in writing) from a contact hour class or an online class prior to the first day of class or if the college cancels the class. A 75 percent refund shall be made if the student officially withdraws from a contact hour class or an online class on or before the tenth calendar day from the first scheduled date of the class.
- (4) A student who officially withdraws (in writing) from a self-support class (Just for Fun, Motorcycle, Defensive Driving, Alive at 25, etc.) prior to the first class meeting shall be eligible for a 100 percent refund. Also, a student is eligible for a 100 percent refund if an applicable class is cancelled by the College.
- (5) For applicable classes, none of the insurance fee is refundable once the class has started whether the student attended the first day of class or not.

Requests for refunds will be processed by the Accounting Office as rapidly as possible but due to circumstances, the process could take up to 3-4 weeks.

Request for Refund/Drop — Occupational Extension Class

Today's Date:	Coastal ID N	lumber:		
Name:	ne: Phone #:			
Address:				
Street	City	State	Zip	
Name of Class:				
Reason for Drop:				
Paid by: Check Cash	_ Credit CardOther (spec	ify)		
	/	_	//	/:am/pm
Student's Signature	Date	Secretary's	Signature Date	Time
	OFFICE USE ON	LY		
Contract Number	Percent of 1	Percent of Refund		
Begin/End Date	Total Amor	Total Amount to be Refunded		
Days/Time	Reason	Reason		
Total Hours	CE Approv	CE Approval		
10% Data	A cot Office	Agat Office Approval		