

ADMINISTRATIVE APPEAL FORM

Continuing Education provides a period of 48 business hours prior to the class start date during which you may drop your course without question and receive a full refund. The appeal form is for use only when an unusual and unexpected event makes it necessary for you to drop a course. We will gladly review and process your request for a refund in such circumstances as a car accident, unexpected illness, injury, a family death, a work emergency that can be verified by your employer or other similar circumstances. Please carefully read and fill out the form. Completion of the form does not guarantee the return of your registration fee — but such circumstances as listed above when documentation validating that the event occurred is included, will most likely qualify you for a refund. The Administrative Appeal Form is forwarded to our Appeal Committee who approves or denies the request. You will receive a letter or an e-mail informing you of the decision approximately 2 weeks after the appeal is processed.

\*\*It is very important that you fill out this form completely and accurately in order to avoid any delay to your possible refund.

Name: \_\_\_\_\_

SF Student ID or Birth Date and Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email address: \_\_\_\_\_

I hereby appeal to drop the following course(s) and receive a refund:
(Please list the course number, course title, instructor, and term/year)

Course #: \_\_\_\_\_ Title: \_\_\_\_\_ Instructor: \_\_\_\_\_ Term/Year: \_\_\_\_\_

Course #: \_\_\_\_\_ Title: \_\_\_\_\_ Instructor: \_\_\_\_\_ Term/Year: \_\_\_\_\_

Please list the reason(s) you are requesting a refund. Please understand that refunds are not automatic and that you need to provide proof of an illness or job-related absence.

Four horizontal lines for listing reasons for requesting a refund.

The above information is true and accurate to the best of my knowledge. I understand that inaccuracies in this appeal can result in action taken on its being voided.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Disposition: (for office use only):
\_\_\_\_\_A\_\_\_\_\_D Date: \_\_\_\_\_ Comments: \_\_\_\_\_