Date:_____

Time:_____

☐ Refund ☐ Transfer

Torrance Adult School | TAS education that works

☐ Fall ☐ Winter

☐ Spring ☐ Summer Year_____

Refund/Transfer Request Form

Student ID#:_____

Name:_____ Date of Birth: _____/_____/_____

Mailing Address: _____ City & Zip Code: _____

Refunds: (ALL REFUNDS PAYABLE WITHIN 15 BUSINESS DAYS) Phone:(_____)_____

Current Section #:_____ Class Title:_____

Fee Paid: _____ Payment Method: ☐ Cash ☐ Check ☐ Credit Card ☐ Online Credit Card

Reason for Refund Request (use back of form if needed)**:** _____

_____

Transfers: (Transfers for MANDATED classes allowed ONLY within DEPARTMENT)– All other require new payment & refund processing.

Transfer to Section #:_____Class Title:_____

Day/Time: _____Teacher:_____

Refund Policy

*Full refunds only on classes cancelled by Torrance Adult School.

*A $10 processing fee will be charged for refunds and materials fees if applicable.

*Students are not issued refunds after the start of the second class meeting.

*Transfers after the second class meeting are not refunded

*All refund requests need to be processed through TAS, following our refund policy, or a $25 fee will be charged for each transaction.

* Tours are not refunded.

*Textbooks are non-refundable.

*Classes that meet one time are not refunded once class starts.

_____ _____

Office Staff Date Student Signature

Office Use Only :

Transfer Calculations

Original Fee: _____

New Class Fee: _____

□ Refund □ Amt Due $_____

Refund Calculations

Fee Paid: $ _____

Processing Fee: –$ 10.00 (Charged on all Refunds)

Total Refund: $_____

Date Check Issued: _____/_____/_____

_____

Administrator Date