

CVC Exchange Refund Request Form

Use this form to request a refund after you have dropped a CVC Exchange course within the refund deadline. Once form is complete, email to cashiering@hancockcollege.edu

H# Last Name First Name Email Address Phone Number Mailing Address Semester: Summer Fall Winter Spring Amount \$ Student Signature Date For Office Use Received by Date Refund submitted by Date	Student Information					
Mailing Address Semester: Summer Fall Winter Spring Amount \$ Student Signature Date For Office Use Received by Date	H#		Last Name _		First Name	
Semester: Summer Fall Winter Spring Amount \$ Student Signature Date For Office Use Received by Date	Email Address				Phone Number	
Amount \$ Student Signature Date For Office Use Received by Date	Mailing Addres	s				
Student SignatureDate	Semester:	Summer	Fall	Winter	Spring	
For Office Use Received by Date	Amount \$					
Received by Date	Student Signatu	ure			Date	
	For Office Use					
Refund submitted by Date	Received by				Date	
	Refund submitt	ed by			Date	