

DUPLICATE HEALTH FEE REFUND REQUEST

A student may opt out of health services at one of the colleges in the Coast Community College District and receive a refund for one health fee under the following conditions:

- 1) The health fee was paid at two or more colleges in the Coast Community College District for the same semester.
- 2) The refund is processed after the refund deadline for the course/s at the college where the fee is being refunded.
- 3) The student has not received health services from the college during the semester the refund is requested (note: winter session is part of the spring semester).
- 4) If the health fee is refunded at one college, the student is no longer eligible for health services at that college with the exception of basic first aid. No other health services will be provided at that college.
- 5) Students participating on an athletic team must pay the health fee at their team college.

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Student name:							Student ID# :								
	LAST		FIRS'	Τ											
Address:									Phon	e: (_)				
	Address			City		,	Zip Cod	le							
I am currently	registered and	have pa	id the l	nealth fe	ee at (c	heck a	ll that a _l	pply):							
CCC	GWC			OCC											
I am requesting	g to opt out of	the heal	th servi	ces at (check	one):									
CCC	GWC			OCC											
I have read the above in order refund deadlin	to receive a re	efund for	r the ap	plicable	e healt	h fee a							S		
Student signat	ure:	 													
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☐ Has ☐ Ha		he	ealth ce	nter thi	s seme	ster. [Dates of	visits: _					_		
· · · · · · · · · · · · · · · · · · ·	'he above student □ may □ may not					receive a health fee refund from the						health center.			
Health center	staff-Print nam	Signature					Date								

The Admissions & Records office of the college you are opting out of will process your refund request. No refunds will be processed until 3 weeks after the start of the semester.

Date:

Enrollment Services: Received By: