

will process your refund request.

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.

Student name:	AST		Student ID# :							
\mathbf{L}_{I}	AST	FIRS	Ľ							
Address:						Phor	ne: ()		
Address			City	Zip Co	de					
I have paid the h	Fall	Summer	Spring semes	ter at:						
CCC	GWC	OCC								
I am requesting t	o opt out of the h	ealth serv	ices at:							
CCC	GWC	OCC								
conditions above	bove conditions a e in order to receive he refund deadlin	ve a refund	d for the app	olicable health f	ee and tl	hat my i				
Student signature:				Date:						
* * * * For campus use	* * only			* * ff Verification	*	*	*	*	*	Ą
☐ Has ☐ Has not used the health			h center this semester. Dates of visits:							
The above studen	nt □may □ma	y not rece	ive a health	fee refund from	the	he	alth cei	nter.		
Health center sta	ff form, once compl	– leted and s	igned, to the	e Admissions &	Records	s office	of the c	ollege v	vho	

Duplicate health fee refund 6/22