LOS ANGELES
MISSION COLLEGE
Business Office

One of the nine Los Angeles Community Colleges

- ☐ Enrollment Fee
- ☐ Tuition
- ☐ Health Fee
- ☐ ASO
- ☐ IMED
- ☐ Sevis Fee
- ☐ Representation Fee
- ☐ Parking
- ☐ Overpayment
- ☐ Transcript
- ☐ Other _____

Student Name:	
Student Identification No.:	
Student's Mailing Street Address:	
Address: City, State, & Zip Code:	City: State: Zip Code:
Telephone (daytime) Number:	
Semester & Year for Refund:	Fall / Spring / Summer / Winter Inter-session 20____
Refund Amount:	$
Type of Refund:	Circle Refund Type: Check / Credit Card
Credit Card Number:	
Expiration Date:	Security /CVV Code:
Cardholder's Name:	
Student Signature:	Date:

OFFICE USE ONLY

Approved by:	Date:
Processed by:	Date:
Check number:	Credit Card Authorization Number:

Our Mission Is Your Success

13356 Eldridge Avenue, Sylmar California 91342 | Tel: 818-364-7600 Ext. 7110 | Fax: 818-833-3317 | www.lamission.edu