

BRUNSWICK COMMUNITY COLLEGE

Class/Course Charge Card Form

Student Name: _____

Address: _____

City/State/Zip: _____

*Course, Technology, Insurance, and Other Fees

Course/Class: _____ Section #: _____ Reg. Fee: _____ Other Fees: _____ Sub Total: _____

Course/Class: _____ Section #: _____ Reg. Fee: _____ Other Fees: _____ Sub Total: _____

Course/Class: _____ Section #: _____ Reg. Fee: _____ Other Fees: _____ Sub Total: _____

Books: _____ Total: _____

Method of Payment:

PLEASE CHECK ONE: All Credit orders subject approval:

MasterCard: _____ VISA: _____ Discover: _____

Credit Card Number: _____ Exp. Date: _____ CVV#: _____

Signature: _____

Name, Address, and Phone Number of Cardholder: _____

Registered by: Mail _____ Walk In _____ Phone _____ Fax _____

TUITION REFUND POLICY

Refunds are allowed under the following circumstances

1. A student who officially withdraws, in writing, from an occupational extension class prior to the first class meeting or if a class is cancelled shall be eligible for a 100% refund.
2. After class begins, 75% shall be refunded at the request of the student if the student officially withdraws, in writing, from the class prior to or at the 10% point of the scheduled hours of the class. Note: This rule is applicable regardless of the number of times the class meets or the number of hours the class is scheduled to meet.
3. For contact hour classes, students must withdraw, in writing, within 10 calendar days.
4. Appropriate local refund policies will be established for self-supporting classes.
5. If a student, having paid the required registration fee for a semester, dies during that semester (prior to or on the last day of examinations of the course the student was attending), all registration fees for that semester will be refunded to the estate

For Office Use Only

Payment Received by: _____ Date: _____