

**SUFFOLK COUNTY COMMUNITY COLLEGE**  
**REFUND/ADJUSTMENT OF FINANCIAL LIABILITY**  
**– Interoffice Transmittal Form –**

Student ID # \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Semester/Year (specify session if summer) \_\_\_\_\_

Courses for which a refund/adjustment of tuition and/or fees is authorized.

Campus	Catalog #	Section #	Credits	Campus	Catalog #	Section #	Credits
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Action Taken:

Percentage of refund/adjustment of financial liability \_\_\_\_\_

Authorized by: \_\_\_\_\_ Date \_\_\_\_\_  
 (Dean of Student Services)



Financial Aid Adjustments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Authorized by \_\_\_\_\_ Date \_\_\_\_\_  
 (Financial Aid)

Distribution: White – Business Office  
 Yellow – Financial Aid  
 Pink – Student Services  
 Goldenrod – Registrar

SCCC #1402