

DRIVER EDUCATION REFUND FORM

STUDENT INFORMATION: Please print

Name: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip: _____

UV ID: _____

Telephone: _____

Credit Card # charged: _____ / _____ / _____ / _____ Expiration Date: _____ / _____

This Card Number MUST be the card originally charged and will be credited for the amount of the refund

Reason for Refund:

Student Signature: _____

Date: _____

UVU DRIVER EDUCATION



(801) 863-7333

www.uvsc.edu/conted/drivered

800 W. University Pkwy MS 241 Orem, UT 84058

For Office Use Only:

Month of Registration: _____ Term & Section: _____

Method of Payment: _____ Date CD's Returned (If borrowed): _____

Credit Card Check Cash Voucher

Name of Person Who Made Payment: _____

Amount of Payment: \$ _____ Date of Payment: _____

Deductions: Administration Fee: \$ _____

Drives: _____ @ \$50 _____

Observations: _____ @ \$30 _____

Total Deductions: \$ _____

REFUND DUE: \$ _____

Verification of Enrollment / Payment: Name or initial of staff member performing verification required on each line

Registration: _____ (Attach Registration form)

Cashiers: _____ (Person who took Form)

Date A-1 Notified: _____

Date student dropped from class: _____

(Attach copy of form sent to Business Office)