



LOS ANGELES
MISSION COLLEGE
Business Office

One of the nine Los Angeles Community Colleges

☐ Enrollment Fee

☐ IMED

☐ Overpayment

☐ Tuition

☐ Sevis Fee

☐ Transcript

☐ Health Fee

☐ Representation Fee

☐ Other

☐ ASO

☐ Parking

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