



Refund Request

To be completed and signed by the student.

Date _____

Name _____ Banner ID _____

Please issue a refund check for the credit balance on my account. By signing below, I agree that any changes in financial aid and/or charges for room, meal plan or any miscellaneous charges posted to my account after issuance of my refund check are my responsibility and MUST be paid.

NOTE: Refund forms must be turned in to Student Account's Office, Joseph Fidel Center, Second floor by 10:00 a.m. on Tuesday to receive a refund check the following Friday after 2:00 p.m. (unless otherwise posted).

Refund Amount \$ _____

Comments _____

Student's Signature _____ Date _____

Disbursement Instructions

Student In Town Checks will be dispersed at the cashier's window.

Student Out of Town Provide self-addressed stamped envelope to mail off-campus.

Street _____

City _____ State _____ Zip _____ Country _____

BUSINESS OFFICE USE ONLY

Students Acct's Signature _____ Date _____

Notes _____