

STUDENT ACCOUNT REFUND REQUEST

(Return to Business Office or fax to 574.257.3326.)

Name _____ Student ID# _____ Date _____

PLEASE NOTE:
When a credit is available on the account and add/drop period is over, refund requests turned in by Friday of one week will be available the following Friday. Checks may be picked up M-F 8-5.

1. Remit to me the entire credit balance.
- Remit to me \$ _____ from my credit balance.

2. **Hold** the check for pick up. (FYI: We do not mail checks on campus.)
- Mail** the check to my current address. (Always held in the office until 3PM)

I understand that if my account balance changes, due to charges, financial aid or payments, I may be required to repay all or a portion of the refund. I understand a check cannot be issued until there is a **credit balance** and the request is approved.

X

Student Signature

For Office Use Only

Hours Enrolled _____ A/P # _____ Date _____ Date Check Mailed _____
Financial Aid Approval _____ Date _____

Check received by: X _____ **Date** _____

Above signature certifies that student is attending classes as of the above date and does not intend to drop classes.