

REQUEST FOR REFUND FORM

Instructions: Please be aware that the refunding of tuition or fees is approved only upon demonstration of circumstances which are beyond the student's control, including but not limited to: class cancellations, incapacitating illness, death in the immediate family, or other emergencies of this nature. Documentation of the extenuating circumstances is required.

Please complete this form completely (including the justification) and return it to the Registrar's Office (TSC 246). Make sure your classes are dropped prior to submitting this form.
(Please allow five business days minimum for processing.)

Please print or type:

Student I.D. Number	Name (Last, First, M.I.)	Semester <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year
E-mail Address	Mailing Address (street, city, state, zip)		

Indicate the course(s) for which you are requesting a refund:

Provide justification here (continue on the back if necessary). Attach supporting documentation (letter from physician, employer, etc.)

Student Signature _____ Date _____

For Office Use Only:

Check one: Tuition (from ___ credits to ___ credits) Course Fees Residency Other

Tuition Refund %: 100 90 70 50 Fees

Denied Reason _____

Approved by _____ Date _____ Acct. # _____

Financial Aid Approval (if necessary) _____ Date _____