



Student Refund Request Form

Student Name (Print)

@ID Number

Please check one:

_____ I understand that, as a result of my financial aid, I have a credit balance on my account. I would like the excess amount REFUNDED to me. The amount of refund available at this time is \$_____. I realize that this does not constitute a change to my Student Authorization Form and that an indication on the Student Authorization Form to hold my credit balance on my account will remain in effect unless a revised Student Authorization is submitted. This is a one-time request only.

_____ I understand that, as a result of my financial aid, I have a credit balance on my student account. I am requesting a partial refund of \$_____, and I authorize the remaining credit to remain on my account. I understand that I may revoke this authorization in writing and request a refund of any remaining credit balance due to me at any time.

_____ I would like the credit balance as the result of an overpayment on my student account refunded to me in the amount of \$_____. Please note that credit balances that are the result of a credit card payment will be refunded to the credit card.

Student Signature

Date

Pick Up

Mail

Make check payable to: Student Other _____

Mailing address: Student Other: _____

For Office Use ONLY:

AP Type: 02 Term: ___/___ AR.TYPE: 01 02 ___ AR.CODE: ROC RTP ___ Check Date: _____
Student Accts: _____
Other: _____

PLEASE NOTE: Checks are available on the Friday after the request is received in the Student Accounts Office. If a condition exists that may require review by a Financial Aid Counselor prior to the completion of this refund request, the check will not be available until this review has been completed. Such conditions would include, but are not limited to: change in enrollment status, receipt of additional outside scholarships, change in campus housing, receiving employee paid benefits, or changes in dependency status.