



Refund Request

Name:

(Last) (First) (Middle)

Address:

(Street/P.O. Box)

(City) (State) (Zip Code)

Telephone Number:

(Home Number) (Alternative Number)

E-Mail Address:

Student ID Number:

Refund Type:

ALL Card Account / X Cash refunds are only permitted for students who are graduating, withdrawing from the university, or for employment seperation of faculty and staff.

No refunds are available for accounts containing less than \$25.00. A \$25.00 processing fee will be deducted from each refund. Please allow up to four weeks processing time. A check will be mailed to your address on file with the University or the funds will be direct deposited to your bank account setup with the University Controller's Office.

Applicant Signature:

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\$ _____ X Cash Balance

\$ -25.00 Processing Fee

\$ _____ Refund Due