



# Request for Refund

**Name** \_\_\_\_\_ **ID#** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Phone** \_\_\_\_\_

**I request a refund of fees paid for:** \_\_\_\_\_

**Reason for request:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that debts owed to the University may be withheld from any refund due me. Refunds will be mailed to the address listed above unless otherwise specified.

**Requesters Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **FOR OFFICE USE ONLY**

Refund Type: People Soft Student \_\_\_\_\_ \$ \_\_\_\_\_

Term Code \_\_\_\_\_

Chartfield 

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Refund Type: \_\_\_\_\_ \$ \_\_\_\_\_

Term Code \_\_\_\_\_

Chartfield 

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Approval: \_\_\_\_\_ Date \_\_\_\_\_

**Refund Total \$**

**Student Financial Services Certification:**  
Holds checked \_\_\_\_\_ Receipt # \_\_\_\_\_ or See Attached Print Screen Date Paid \_\_\_\_\_  
Parking Permit # (attach permit) \_\_\_\_\_ Adj \_\_\_\_\_ % SFS Initials \_\_\_\_\_

Check # \_\_\_\_\_ Date \_\_\_\_\_ Refund Ck Amt \_\_\_\_\_ Initials \_\_\_\_\_ revised 11/12

**Submit completed forms to Student Financial Services Cashier's Office - SBS Room 285**  
**All refunds will be processed according to the original form of payment, (check or credit card).**  
**Refunds will be processed with 14 days.**