

Student Receivable Refund/Transfer Request

Name: _____ ID #: _____

Email: _____

This request is for (check one): Fall _____ Spring _____ Summer _____

_____ I would like to request a refund

_____ I would like my credit applied to my student bank \$ Amt _____

_____ I would like my credit transferred to account # _____ \$ Amt _____

_____ I would like my credit left on my account

Do you have a work study payment agreement? Yes No Or a monthly payment plan? Yes No

(If yes, these must be paid in full before a refund check will be issued.)

Pending financial aid will not be included in the refund.

Signature _____ Date _____

OFS Initials _____