Student Receivable Refund/Transfer Request

Name: _____ ID #:_____

This request is for (check one): Fall _____   JTerm _____   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 pay for program trip expenses $ 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 _____