

REFUND REQUEST

There are two steps to complete the Refund Request procedure. Please complete the steps that pertain to you. Processing of refunds from a student's account begins after the 10th day of fall and/or spring classes each academic year. Summer processing of refunds begin in late July. Your account must show a credit balance for a refund to be processed. Please remember that financial aid is not applied to your account until after the last day to drop classes for fall or spring semester. If all of your financial aid has not been applied to your account to create a credit balance, your refund will not be processed until a credit balance appears. At the beginning of each semester/term the processing time may take longer because of the volume of requests.

- ◆ **This Refund Request does not rescind the Title IV Federal Authorization form.**
- ◆ If original or last payment was made by bankcard the amount refunded **will be** credited back to the bankcard.
- ◆ All credit balances are made payable to the student unless the credit balance is created by a Parent Loan (PLUS).
- ◆ All student refunds will be mailed to the permanent address.

STEP 1 (Student Section)

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|---|--|
| Student Name _____ <small>(PRINT)</small> | Student ID#: _____ - _____ |
| Refund Term/Registered Credit Hours | <input type="checkbox"/> Summer _____ Credit Hours <input type="checkbox"/> Fall _____ Credit Hours <input type="checkbox"/> Spring _____ Credit Hours |
| Do you have financial aid? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have Voc/Rehab/VA 31? | <input type="checkbox"/> Yes |
| Please refund to me: | <input type="checkbox"/> Credit Balance or <input type="checkbox"/> Amount Requested \$ _____ |
| I would like my refund by: | <input type="checkbox"/> Mail or <input type="checkbox"/> Pick up in Student Services Center |
| <input type="checkbox"/> I certify that to the best of my knowledge the above information is correct. I understand that a detail of my charges and credits will be used to verify the amount of refund due to me. Any further charges to my account for this semester are to be paid at the time they are incurred. | |
| Student Signature: _____ | Date: ____/____/____ |
| Local Phone Number: (____) - ____ - _____ | |
| <u>It is your responsibility to keep yourself financially prepared until your refund can be processed.</u> | |

STEP 2 (Parent Section)

- ◆ In the case of a PLUS Loan, a school must obtain the parent borrowers written authorization to deliver a credit balance directly to the student.
- ◆ Parents who are requesting a refund from a PLUS Loan should include the address where the check should be sent.

| | | |
|---|-------------|----------------------|
| <input type="checkbox"/> Please issue check to Parent (from PLUS Loan) If the parent has a Parent PLUS Loan and wants the credit balance refunded directly to the parent, please provide the following information: | | |
| Address: _____ | | |
| City _____ | State _____ | Zip Code _____ |
| Parent Name: _____ <small>(PRINT)</small> | | |
| Parent Signature: _____ | | SSN#: ____/____/____ |
| <u>OR</u> | | |
| <input type="checkbox"/> Please issue check to student (from PLUS Loan) I authorize PLU to refund the excess PLUS Loan funds (if applicable) to my son/daughter. | | |
| Parent Signature: _____ | | Date: ____/____/____ |