

REFUND REQUEST FORM Minimum 3-5 business days Processing Time

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NAME				CONTACT INFO		
DATE ID NUMBER				SIGNATURE		
STEP 1: SEMESTER >	☐ Fall	☐ Spring		☐ Summer	☐ Non-current	
STEP 2: AMOUNT >	☐ Full ☐ Partial \$			(maximum 3 refunds per semester)		
STEP 3: TYPE >	☐ Wire Transfer- attach wire detail form (\$15 USD fee)			☐ Refund to credit card used		(date
	☐ E-Refund-create refund profile in TouchNet®			☐ Paper refund check-complete Steps 4 & 5.		
STEP 4 : MAKE CHECK P	AYABLE TO > □ Stude	nt	☐ Other			(Name
STEP 5: DELIVERY >	☐ Pick up		□ Mail			(Street
						(City/State/Zip
OFFICE USE ONLY						
Refund amount \$ Approved by		oved by	Ente	red M	ailed on by	
PROCESSOR'S COMM	ENTS					

3/24/2020