



REQUEST FOR SPECIAL CIRCUMSTANCES REFUND

Name: _____ ID#: _____ Date: _____

Address: _____ City, State, Zip: _____

Primary Phone: _____ Email: _____

Instructions: Title V of the State Education Code has specific allowances for approval of refunds after the published deadline. In The space below, please provide a detailed explanation why you are requesting a refund or a reversal of outstanding charges past the deadline.

Please write legibly and attach supporting documentation as needed.

Please allow 4-6 weeks for outcome: correspondence will be sent via email

Students Signature: _____ Date: _____

FOR DEPARTMENT USE

Request Received by: _____ Date: _____

Approved _____ Denied _____

Bursar Signature: _____ Date: _____