



Refund/Transfer Request

Please complete and submit form to make a refund and/or transfer request for a graduating or withdrawing student.

Student Information

Student Name: _____

School Name: _____

Student ID#: _____

Please choose the option that applies to your request.

_____ Refund Request:

Refund request amount: _____

Refund check payable TO: _____

Mailing Address: _____

Phone number: _____ Email: _____

Reason for refund: _____

_____ Transfer Request to:

Student Name: _____ Student ID#: _____

School Name: _____

Amount to be transferred: _____

Reason for transfer: _____

Parent/Guardian Signature: _____ Date: _____

Office Use Only

Refund Amount: _____

Request Received by: _____ Date: _____

Request Approved by: _____ Date: _____