

UNIVERSITY OF THE DISTRICT OF COLUMBIA
Student Financial Services
Office of Student Accounts



APPLICATION FOR REFUND

Voucher No. _____

NAME OF APPLICANT _____

STUDENT ID NUMBER _____ TELEPHONE NO. _____

MAILING ADDRESS: _____

AMOUNT PAID (TUITION/FEES) _____ DATE PAID _____

TYPE OF PAYMENT: CASH___ CR CRD___ FIN. AID.____ TMS___ CHECK___

WEB PYMT___ ACH DEPOSIT _____ MONEY ORDER _____

REFUND FOR WHICH SEMESTER/YEAR? FALL___ SPRING___ SUMMER___

DISTRICT RESIDENT _____

NON-RESIDENT _____

UNDERGRADUATE _____

GRADUATE _____

PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS (IF AVAILABLE):

1. COURSE ADJUSTMENT (ADD/DROP) FORM

REASON FOR REFUND REQUEST: _____

I CERTIFY THAT THE ABOVE LISTED INFORMATION AND ATTACHMENTS ARE COMPLETE AND CORRECT, AND THAT PAYMENT HAS NOT BEEN RECEIVED.

STUDENT SIGNATURE _____ DATE _____

PROCESSED BY _____ DATE _____

LOG NUMER _____ AMOUNT OF REFUND \$ _____

TYPE OF REFUND _____

MGR. APPROVAL _____ DATE _____