



STUDENT REFUND WAIVER FORM

STUDENT'S NAME: _____ ID #: R _____
(Please Print)

- I am aware that my account has a credit balance and I am entitled to a refund.
- I hereby request that the credit balance on my account for the **FALL** _____ **term** be held and applied to my **SPRING** _____ **term** charges.
- I hereby request that the credit balance on my account for the **SPRING** _____ **term** be held and applied to my **SUMMER** _____ **term** charges.
- I understand that by signing this waiver, a Refund Hold Flag will be placed on my account which will prevent a refund from being generated.
- I understand that the Refund Hold Flag will automatically be removed from my account at the end of the current fiscal year, June 30, 20____.
- I understand that I may opt to have the Refund Hold Flag removed from my account at any time by completing the bottom of this form.

Student's Signature Date Financial Aid Signature Date

SEND A COPY OF THIS FORM TO THE BURSAR'S OFFICE

REFUND HOLD FLAG REMOVAL REQUEST

I hereby request that the Refund Hold Flag be removed from my account. I understand that removal of this code will entitle me to receive a refund if my account has a credit balance.

Student's Signature Date Financial Aid Signature Date

(revised 4/29/13)