

Student Request for Refund of Fees after Dropping a Class or Withdrawal from the University

Student Information:			
Student Name:		T#:	Term:
(Last)	(First)	(MI)	
Student Email:			
Student Signature:			Date:
Exception	ons will be reviewed onl	y with proof of extenua	some exceptions being granted. ting circumstances. Business Office, window number 4.
This request is for (please select My request is due to: Withdrawal from the Universit	yor- Dropping		und 25% refund
Provide a detailed explanate sure to list the last date of class		•	pporting documentation. Please be
Recommendation: Upon revapplicable fees has been recom	mended denied _	·	75% 25% refund of Date:
Fee Refund Committee Chair:			Date: