

Lincoln University



REQUEST FOR REFUND

Name: _____ Date: _____
Last First Middle

Check Payable To: _____

Mailing Address: _____

Tel: _____ Financial Aid: YES NO SSN: _____

I, undersigned, request a refund of \$ _____, a credit balance of my student's account (which is to be confirmed by the Accounting office for the following reasons); Please indicate the appropriate item.

- () A. Credit Balance –Class (es) dropped on change in Registration from NO: _____
 - () B. Credit Balance—Overpayment Misc.
 - () C. Class cancelled----Course title: _____
 - () D. Other –Please Specify: _____
- _____

Signature/ Print Name _____

Date: _____

For Office Use Only: _____ Date: _____

This form is receiver by _____ the following supportive document(s) is/ are attached:

- () Form I-20
- () Receipt
- () Change of Program Form
- () Specify how many class (es) attended

Other Comments: _____