

# Lincoln University

## REQUEST FOR REFUND

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_