

Goucher College Student Administrative Services Request for Refund

I request to have the total credit balance of my tuition account refunded
 I request to have a portion of the credit balance of my account refunded \$ _____
enter amount

NAME: _____
 I.D.#: _____

TODAY'S DATE: _____

SEND REFUND TO: Name: _____
 Address: _____
 Phone: _____

- Send the check to the above refund address.
 Send the check through Campus Mail.
 Hold the check in the SAS Office. **Available after 4PM on Friday**

Please note, refund requests must be received by Friday, 5PM in order for a check to be processed on the following Friday. Checks NOT PICKED UP FRIDAY will be mailed the following TUESDAY morning.

SIGNATURE: _____

Below For Office Use Only .



Student _____ Refund Amount from ST \$ _____
 I.D. # _____

AR Address

Confirmed: _____ WN _____ credits SU _____ credits FA _____ credits SP _____ credits

Explanation: _____

Financial Aid Student Billing

Goucher Grant _____

SEOG _____

Pell Grant _____

Perkins Loan _____

MD Educ Asst Grt _____

Stafford Loan _____

Unsub Staff Loan _____

PLUS Loan _____ Contract _____

Global Citizen's _____

Other _____

Other _____

Other _____

Other _____

Resident Status FA _____ SP _____

Room Type _____ Meal Plan _____

Authorization _____ Date _____

Approval _____ Date _____

Circle One: Summer Fall
 Spring Winter

SIGNATURE: Financial Aid Officer

SIGNATURE: Vice President

TuitionPay Contract Amount _____
Disbursed Amount _____
TuitionPay Contract/Name _____