



FISHER COLLEGE REFUND REQUEST

STUDENT NAME _____ Student ID # _____

STREET _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

1. Students must have a credit on their account before a refund is issued. **ALL AID (i.e. scholarships, grants, and loans) FOR THE SEMESTER OR TERM MUST BE APPLIED TO THE ACCOUNT.**
2. Various departments will review this request along with the account history before it is processed. **The review process will take A MINIMUM OF 2 WEEKS after it is received at the Main Campus-Bursar's office.**

STUDENT SIGNATURE _____ DATE _____

Amount Requesting \$ _____

I am: ___ Day ___ DAPS

ADMISSIONS / BURSAR

DATE _____ AMOUNT \$ _____ BURSAR _____

COUNSELOR _____ DIRECTOR _____

REMARKS _____

MAIN CAMPUS - FINANCIAL AID OFFICE

DATE _____ AMOUNT TO RETRACT \$ _____ FIN. AID _____

REASON FOR RETRACTION: _____

MAIN CAMPUS-BURSAR OFFICE

APPROVED AMOUNT: \$ _____