CAPITAL UNIVERSITY
REFUND REQUEST FORM

NAME_____ ID# or SS# _____

PROGRAM: ___CLL ___MBA ___LAW ___UND ___GRAD TAX ___GRAD NURS
___ OTHER

Please sign only one statement here. If signing statement #1, complete "term" and "credit hour" blanks.

1) I hereby request a refund of loan proceeds, grants and other credits not needed to satisfy my institutional charges at Capital University for the _____ **term/year**. With my signature below I confirm that I am enrolled for _____ **credit hours** for the term noted above, and that I am attending all classes or otherwise pursuing completion of all classes for which I am currently registered. I understand that a withdrawal from the University may result in a required repayment to Capital of all or a portion of this refund if it is determined that I am no longer eligible for some or any of the student financial aid.

SIGNATURE_____ **TODAY'S DATE**_____

**** DO NOT sign, date or submit to the University earlier than the first official day of the term.**

2) I have officially withdrawn from Capital University. I hereby request a refund of any credit remaining on my account after required refunds have been made to student financial aid programs.

SIGNATURE _____ **TODAY'S DATE** _____

Refund to be (check one):

___ Picked up at Main Campus Finance Office. Please allow 5 working days from date of receipt by Finance Office or from date credit appears on your account. For students who have withdrawn, you are encouraged to have the refund mailed as it may not be available for 30 days or more as tuition and financial aid adjustments need to be made.

___ Mailed **MUST COMPLETE ADDRESS SECTION FOR PROPER DELIVERY TO YOU**

Payee, if other than student _____

Address: _____

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FOR FINANCE OFFICE USE ONLY

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TERM	**AR.TYPE**	**AR.CODE**	**AMOUNT**	**APPROVAL**