

**Andrews University
Student Financial Services**

**Refund Request Form
Minimum 3-5 Business Days To Process**

Mail to: Student Financial Services
Andrews University
Berrien Springs, MI 49104-0750

Fax to: 269.471.3228
Phone: 269.471.3334
Web: www.andrews.edu/SF

Name _____
Andrews University ID Number _____

Contact at _____
Signature _____

► 1-Refund Instructions-Credit Must Be Showing

- Full Refund* (*zero out my account*)
- Partial Refund \$ _____ **-Limit 3 Checks per semester**
- Refund \$ _____ to my credit card**

► 2- Payee Instructions (*check one*)

- Make check payable to student listed above.
- Make check payable to: _____

*Subsequent charges to your account will be due and payable.
** Checks will not be issued for credit card payments.

► 3- Term (*check one*)

- Fall Semester Credit
- Spring Semester Credit Summer Semester Credit

► 4- Delivery Instructions (*check one*)

- Pick up
- Mail check to the address printed below:

Office Use Only:

Amount of refund \$ _____ Date mailed _____ COMMENTS:
Approved by / date _____ Holds/cleared _____