



FAX: 269-471-3228

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NAME _____

DATE _____ ID NUMBER _____

STEP 1: TYPE **Max. 3 per semester**

FULL REFUND PARTIAL REFUND \$ _____

REFUND TO CREDIT CARD USED ON _____ (date)
Credit from recent credit card payments MUST be returned to the credit card used.

STEP 3: MAKE CHECK PAYABLE TO

STUDENT

OTHER: _____
Second party checks require longer processing time. Some restrictions apply.

OFFICE USE ONLY

Refund amount \$ _____ Approved _____

Received _____ Mailed _____

REFUND CHECK REQUEST FORM
Processing time: Minimum 3-5 business days

CONTACT _____

SIGNATURE _____

STEP 2: SEMESTER **Check only one**

FALL SPRING

SUMMER NON-CURRENT

STEP 4: DELIVERY

PICK UP MAIL TO ADDRESS BELOW

PROCESSOR'S COMMENTS