

CAPITAL UNIVERSITY REFUND REQUEST FORM

NAME: _____ Student ID # _____

PROGRAM: ___ LAW ___ GRAD TAX ___ PARALEGAL ___ OTHER

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

CURRENT STUDENT

- 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** from 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 University 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

WITHDRAWN STUDENT

- 2) I have officially withdrawn from Capital University.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):

___ Direct Deposit (Must have previously set up with Finance Office two weeks prior to refund request)

___ Picked up at **Law School Financial Aid Office**. Please allow 5 working days from the 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 For students who have withdrawn, you are encouraged to have the refund mailed as it may not be available for 30 days or more as tuition and financial aid adjustments need to be made.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: _____

FOR FINANCE OFFICE USE ONLY

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TERM	AR.TYPE	AR. CODE	AMOUNT	APPROVAL