



EMMANUEL COLLEGE

Office of Student Financial Services

2011-2012
Refund Request Form

Student Name: _____

Student ID: _____

Program: Traditional Undergraduate
 Graduate and Professional

Amount requested: Full Refund Other \$ _____

Requesting refund for: Fall 2011 Summer 2011
 Spring 2012 Other _____

Make check payable to: _____

Mailing address: _____ OR Student mailbox #: _____

Refund checks are only processed after the add/drop period of each semester and after all financial aid funds are received by the College.

- **For semester based courses**, a credit balance may not occur in some situations until the end of the semester, particularly if the credit is due in part to state aid.
- **For accelerated courses**, financial aid is disbursed after the add/drop period for the last session of each semester.

Student's Signature: _____

Date: _____

SFS Office Use Only:

- Confirm AIDE is accurate
- Check COA & housing/enrollment status
- Unmet need checked
- All financial aid disbursed
- Spring balance covered

Refund Amount: \$ _____

Reviewed By: _____

Supervisor Signature: _____

Notes: _____
