



# REQUEST FOR REFUND OF CREDIT BALANCE\*

\*(This form is not to be used for withdrawals or cancellations of enrollments.)

Student Financial Services • MS3740 • 1 University Plaza • Cape Girardeau, Missouri • 63701-4799

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security or Student I.D. Number: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_  
(Area Code) (Telephone Number)

Do you have financial aid? Yes No (Circle Correct Response)

### Reason for Refund:

- Financial aid (as checked) has been applied to my account, and I wish to have the credit balance (if any) refunded to me. Please check!  
 Student Loan     Pell Grant     SEOG     Perkins Loan     Scholarship
- I have dropped from \_\_\_\_\_ hours to \_\_\_\_\_ hours effective \_\_\_\_\_ .  
(Date)
- Other: \_\_\_\_\_

In requesting a refund of a credit balance due to account adjustments from classes dropped, I hereby acknowledge that I understand the University's refund policy as approved by the Board of Regents, Southeast Missouri State University, and published in the University's Schedule of Classes, Bulletin and on the internet at [www6.semo.edu/sfs/refund.html](http://www6.semo.edu/sfs/refund.html). (A summary of the University's refund percentages is printed on the back of this form.)

PLEASE NOTE: (1) Refunds can be delayed for payment made by personal check.  
(2) Refunds are normally issued within a three-week period following the request for refund.

- I wish to have my refund direct deposited to my checking account.
  - A direct deposit form authorization is attached.
  - A direct deposit authorization is already on file with Student Financial Services, 123 Academic Hall.
- I wish to have my refund mailed. For security reasons, the permanent address on file at the University will be used as the mailing address for the refund check.
- I have addressed an envelope and attached it to the Request for Refund of Credit Balance form. Please mail the refund to that address.

\_\_\_\_\_  
(Signature) (Date)