

PARENT REFUND REQUEST FORM

Date: _____

Parent Name (Please Print)

Make Check Payable To:

[] Parent [] Student

Address

OR

City, State Zip

Check whether you would like to carry the credit for future semesters:

[] NO please send my check.
[] YES hold on my account.

Student ID #: _____

Student Name: _____

Parent Signature:	Date:	<u>Credit Balance:</u> \$ _____
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This refund form must be signed and sent to the Patchogue Bursar's Office in order to initiate a refund. It is necessary to allow a minimum of 20 business days to process the refund form and prepare the refund check. **ALL REFUND CHECKS WILL BE MAILED FROM THE BROOKLYN CAMPUS.**

Note: Refunds of financial aid awards, student loans, etc. are not refundable until the actual funds have been received by the College and the student's eligibility for the funds has been determined.

For refunds resulting from course withdrawals, the official date of the withdrawal that is filed with the Registrar's Office will determine the refundable amount, based on the schedule in the Catalogue. **For early release refunds, the student will be responsible for returning all refunded money if Financial Aid has been reduced resulting from course withdrawals. Students who have an outstanding balance due to any Financial Aid recalculations will not be permitted to register for an upcoming semester until their entire balance is satisfied.**

***PLEASE SIGN AND RETURN THIS FORM TO THE PATCHOGUE BURSAR'S OFFICE IN THE ENCLOSED ENVELOPE.**

FOR BUSINESS OFFICE USE ONLY

Initials	Bursar Approval	Date	Reviewed by: