

McDaniel College

REFUND REQUEST FORM – BURSAR’S OFFICE

DATE: _____

SEMESTER: _____

I understand that this is an unaudited refund. Any adjustments will be made by subsequent billing or supplemental refund. This refund will be MAILED to the address below after the 2nd week of the semester. Refunds are not available for pick up. Please allow 14 business days for your check to arrive.

Student ID#: _____

Name: _____

PLEASE PROVIDE ONE OF THE FOLLOWING ADDRESSES:

Note: If the credit is a result of a PLUS Loan, please designate the appropriate payee and address in #3.

1. Local Address: _____

2. Campus Mailbox #: _____

3. Payee Information: Name: _____

Address: _____

	PLEASE COMPLETE:	OFFICE USE ONLY:
Anticipated Credit Balance	\$	Voucher #
TOTAL REFUND REQUESTED	\$	DATE RFND KEYED

BY SIGNING BELOW, I authorize McDaniel College to apply Title IV federal funds credited to my account to all charges, including balances from prior semesters, before a refund is issued.

Student Signature: _____

McDaniel Approval: _____

**Bursar’s Office, 2 College Hill, Westminster, MD 21157
(410) 857-2210 or (410) 857-2208
Fax: (410) 386-4615**