



# Refund Request Form

Please fill out the Student portion of this form fully and completely. Incomplete information will delay processing. \*\*\*Please note\*\*\*Students must have credit on their account (over and above tuition and fees for the current term) in order for the refund to be processed.

**Required Information: Student**

Student Name: \_\_\_\_\_ Cohort Number \_\_\_\_\_

Circle Program: ADCP MSOL MBA MPS

Choose delivery :

**Pick up check:** (circle) Yes / No

**NOTE:** All students attending in Albany and Ohio must pick up checks from their local Nyack Office.

**Send by Certified Mail:** (circle) Yes / No

**NOTE:** Certified Mail requires someone be present at the address to sign for receipt.

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Billing Account ID# \_\_\_\_\_

Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-Mail: \_\_\_\_\_

Requested Amount: Full Amount: \$ \_\_\_\_\_ Other Amt: \$ \_\_\_\_\_ Book Monies (if applicable) \$600.00

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Upon completion please send, and confirm the receipt of your refund request form with your financial aid counselor.

**FAX # 1-845-727-3071**

**Phone # 1-800-876-9225**

**Office Use Only:**

***Financial Counselor:***

Tuition: \$ \_\_\_\_\_ Approved Refund Amount: \$ \_\_\_\_\_

Financial Counselor Approval: \_\_\_\_\_ Date: \_\_\_\_\_

***Student Account Representative:***

Balance on students account: \$ \_\_\_\_\_

Previous refund: (Circle) Yes / No Book Voucher: Yes / No

SFS Requisitioned: \_\_\_\_\_ Date: \_\_\_\_\_

***For Certified Mail only:***

USPS Certified Mail Tracking #: \_\_\_\_\_

***For Pick-up only:***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_