

# Roger Williams University

## STUDENT ACCOUNT REFUND REQUEST FORM

Please complete all information in the student section and allow two weeks for processing.

Bursar's Office Fax (401) 254-3674

**THIS SECTION TO BE COMPLETED BY THE STUDENT:**

Date of Request: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

RWU Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_ I would like to pick up my check at the Bursar Office. Check will be released upon presentation of a valid photo ID.

\_\_\_\_ I would like my check to be mailed. Check will be mailed to my current statement address unless there are special instructions below.

**IMPORTANT INFORMATION:**

- You will receive an email notification from the Bursar's Office when your check has been issued.
- You will be contacted by email if there are any questions regarding your refund request.
- Questions or concerns? Please contact the Bursar's Office at (401) 254-3520.

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**AMOUNT REQUESTED:** Full credit on account \_\_\_\_\_ or \$ \_\_\_\_\_

- Pending financial aid is not included in the check amount!
- Due to account adjustments, the check total may differ from the requested amount.

**STUDENT SIGNATURE:** \_\_\_\_\_

*(Signature is mandatory for check processing)*

**THIS SECTION TO BE COMPLETED BY THE FINANCIAL AID OFFICE:**

<b>Note to Financial Aid: Please review all terms with aid listed on the attached Student Statement of Account</b>				
Term				
Credits Enrolled				
Financial Aid File Complete				
Housing				
Program				
Enrollment				
Total Financial Aid				
Date/Initials of FA Staff Review				

Notes: \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY THE BURSAR OFFICE**

Term	Amount

Approvals	Initials	Date
Processed by		
Associate Bursar		
Bursar		

- ARAC Populated
- NO Financial Aid
- Graduate Student (Non-Arch) call 4641