TUFTS UNIVERSITY REFUND FORM

Please Print
Student Name______________________________________________________ID#________________________________________
Make Check Payable To______________________________________________Relationship to Student ____________________________
(If Payee Different From Student Name Above, Student Signature Required On Form)

( ) Hold my check for pickup at Student Service Desk in Dowling Hall
( ) Mail check to: (Refund checks will not be mailed to campus addresses)
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

REFUND POLICIES:

Refunds will be processed only when an actual credit appears on your account. If the amount of your credit consists of an expected source of funding, such as an expected Stafford Loan or an expected state or Pell Grant, your refund will not be processed until those funds are received or finalized. You may receive a partial refund of funds actually received. (Be sure to submit another refund form for the balance of your credit.)

I approve the use of my Title IV funds (Stafford, Perkins, PLUS loans) to cover all charges that I may incur. These charges are not limited to tuition and mandatory fees, but may include medical insurance costs, library and/or parking fines and any unpaid prior balance.

Any advance I receive based upon anticipated funds must be paid back to Tufts if the expected funds are not received or if received and must be returned to the lender, sponsor, or grantor.

I request a refund in the amount of $ _________________ or all available credit ___________
Student Signature________________________________________ Date__________________
Student Local Telephone Number_________________________________________

Do Not Write Below This Line

Request Received By______________________________Date_______________ Screen 304 Title IV:   Y   N     Missing
Enrollment Status: _____________  Term: _________________ Entrance Counseling:   Y   N
Notes:__________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________
Advance Amount Approved $___________________  Aid Officer Approval ________________________________________
Refund Amount Approved $_____________________ Bursar Approval____________________________________________
Date Approved _________________Term ____________ Enrollment Status _________SIS Subcode_____________________

Dr. Westfall

1-29-19

Term: Winter 19

01-9-20