

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 _____