

Student Account Refund Request Form

Print Name _____
(First Name) (MI) (Last Name)

Student ID _____ Date _____

I will receive my entire credit balance unless I specify a different amount here: _____

Check one of the following: Mail check Home _____ Put in campus mailbox _____

Your refund will not be available until you have a credit balance on your account.

If for some reason charges are incurred to your student account or your financial aid reduced after your refund is processed, you are still responsible for the balance due to Northland College.

****If your original payment was made by credit card we are required to issue the refund to your credit card.**

Refunds will be issued in the name on the student account, not a parent's name.

Your Refund Request needs to be returned to the Student Financial Services Office by the close of business on Tuesday of the check run week. Ask Student Financial Services for the next check run date. By signing this form I understand and agree to the Northland College Refund Policy.

Approval needed by:

Financial Aid _____

Student Accts _____

Student Signature

Please print this form and complete the necessary information.

You can return it by any of the following methods:

Fax to (715) 682-1368

Email a scanned copy to studentaccounts@northland.edu or finaids@northland.edu

Or mail to:

Northland College Student Financial Services

1411 Ellis Avenue

Ashland, WI 54806