



# CAMPBELL UNIVERSITY

OFFICE OF THE BUSINESS MANAGER  
AND TREASURER  
Fax: (910) 893-7863

Date of Request: \_\_\_\_\_

## REFUND REQUEST FORM

I request that Campbell University refund any credit on my student account exceeding the amount of the total balance due on my account.

Check One:  Pick up check

Mail check home \_\_\_\_\_  
Address

**Note: Total refunds will not be refunded until all charges and credits have been posted to the student's account. CHECKS WILL BE READY AFTER 3:00 P.M. IN THE ACCOUNTING OFFICE.**

Name (Print) \_\_\_\_\_ Account Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ Amount \_\_\_\_\_

Budget Line to Be Coded \_\_\_\_\_

I request that Campbell University retain, as a credit balance on my account, any loan proceeds that exceed the amount of the total balance due on my account.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

S/E 38-5-4