

**STUDENT REFUND
MAIL REQUEST
ROWAN UNIVERSITY
BURSAR'S OFFICE**

I CERTIFY THE ATTENDANCE OF MY COURSES AND AUTHORIZE THE WITHHOLDING OF CHARGES FROM MY FINANCIAL AID AWARDS.

I UNDERSTAND THAT THE REFUND CHECK BEING PROCESSED REPRESENTS A DISBURSEMENT BASED ON MY CHARGES AND FINANCIAL AID AWARDED TO DATE. I ALSO UNDERSTAND THAT MY ACCOUNT WILL BE SUBSEQUENTLY REVIEWED. AT THAT TIME, I WILL RECEIVE ANY ADDITIONAL MONIES DUE ME OR I WILL BE BILLED IF MY TOTAL CHARGES EXCEED MY FINANCIAL AID AWARDS.

(PRINT NAME)

(MAILING ADDRESS)

(ROWAN ID #)

(CITY/STATE/ZIP CODE)

(CONTACT PHONE #)

(DATE)

PLEASE CHECK ONE SEMESTER BELOW:

(SIGNATURE)

_____ Fall _____ Spring _____ Summer
(A MAIL REQUEST MUST BE COMPLETED EACH SEMESTER)

CHECKS CAN NOT BE MAILED TO AN "ON-CAMPUS" ADDRESS!