**WEST LIBERTY UNIVERSITY**

**Business Office**

**REQUEST FOR REFUND**

It is requested that a refund be issued for: **Banner ID #**

Name (Last, First, M.I.) Social Security No.

Street Address

City State Zip

Term Code: Residency Code: In-State Out of-State Metro (Circle One)

Refund Of: Tuition/Fee(s) Room/Board Topper Dollars

Basis for Refund: Withdrawal from School Drop in Hours

 Overpayment Housing Deposit

 Other

Effective Date of Refund:

Documentation: Withdrawal from School Form: Other:

Comments:

Signature of Person Completing Form: Date:

**Refund Processing:**

Banner Entry: Special Handling:

Amount of Refund: Business Office Authorized Signature:

FIMS I.D. #: Prepared By: Date: