BROWN UNIVERSITY STUDENT ACCOUNT REFUND REQUEST

Bursar's Office Box 1839 Providence, RI 02912 Fax 401-863-7518

Student Information-Please Print

A refund is not valid when a credit balance is the result of anticipated aid or memo items. ***Allow up to 10 days for processing valid refunds.***

Student BANNER ID

Today's Date

m	m	d	d	y	y

Last Name

First Name **M**

Make Check Payable to:

(Name)_____

(Address)_____

(City, State, Zip)_____

Student Signature: (Please sign below)

x_____

Date:_____

Phone:_____

Student Status: (Please Circle)
U=Undergraduate
G=Graduate
M=Medical

Refund Reason: (Please Circle)

Overpayment Tuition Adj Title IV

Board Change Room Change

Financial Aid Loan

Other:_____

_____

BURSAR OFFICE USE

Active / Inactive Term: O I II Annual Sum Sessions Calculated by:_____

Calculation: (Charges) $_____ - (Credits) $_____ (Refund Amount) $_____

Verified: F/A IPP Date Processed:_____ Date Sent to A/P:_____

Pay to: (Name)_____ Date:_____ Authorization: Staff_____

(Address)_____ Voucher #:_____ Bursar____

(City, State, Zip)_____ AP_____

_____

Pay Date:_____ **Account #:0-11205-1310** ***Student Account Receivable*** **Amount:$_____**

BANNER ID:_____ Student Name:_____

Refund Item Code: *BRST (Student)* *BRPT (Parent)* *BROS (Outside Scholarship)* *BRFD (Other)*