

# [Institution Name]

[Street Address]

[City, State, Zip Code]

[Email/Phone Number]

## REFUND INVOICE

Date: \_\_\_\_\_  
Refund #: \_\_\_\_\_

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### Student Information:

Name: \_\_\_\_\_

ID: \_\_\_\_\_

Program: \_\_\_\_\_

### Refund Details:

Semester/Year: \_\_\_\_\_

Reason for Refund: \_\_\_\_\_

Withdrawal Date: \_\_\_\_\_

Description of Fees	Original Paid	% Refundable	Refund Amount
Tuition Fees	\$	%	\$
Laboratory/Studio Fees	\$	%	\$
Student Activity Fees	\$	%	\$
Housing/Meal Plan (Prorated)	\$	%	\$

Description of Fees	Original Paid	% Refundable	Refund Amount
Other: _____	\$ _____	% _____	\$ _____

Subtotal Refund: \$ \_\_\_\_\_  
 Less: Admin/Processing Fees: (\$ \_\_\_\_\_)  
 Less: Outstanding Balances: (\$ \_\_\_\_\_)

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**Total Refund Due: \$ \_\_\_\_\_**

**Method of Reimbursement:**

Original Credit Card    Direct Deposit    Check    Student Account Credit

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Authorized Registrar Signature

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Bursar/Finance Department Date

This is an official document regarding the reversal of educational charges.