

COLLEGE OF THE HOLY CROSS
 WORCESTER, MA 01610-2395

(PLEASE PRINT CLEARLY)

DATE OF REQUEST: _____

STUDENT'S NAME: _____

STUDENT NUMBER: _____

CLASS: _____

FULL NAME CHECK SHOULD BE ISSUED TO: _____

ADDRESS CHECK SHOULD BE ISSUED TO: Street _____

City _____

State/Zip _____

STUDENT / PARENT SIGNED AUTHORIZATION: _____

****FOR OFFICE USE ONLY****

<i>Who does this refund go to:</i>	<i>Parent</i>	<i>Student</i>
<i>Is this a title IV Refund?</i>	Yes	No
<i>Does this refund result in a balance due?</i>	Yes	No
<i>If yes, has letter been included w/check?</i>	Yes	No

AMOUNT OF REFUND: \$ _____

CIRCLE REASON FOR REFUND BELOW:

OVER-PAYMENT	STATUS CHANGE	STAFFORD LOAN	PLUS LOAN	O/S LOAN	SENIOR
PERKINS LOAN	WITHDRAWAL	LOA	JYA	MEFA	
SEOG	SIGNATURE LOAN	TERI LOAN	O/S SCHOLARSHIP		
PELL	TMS CONTRACT	OTHER:			

PROCESSED BY: _____

DATE: _____

APPROVED BY: _____

DATE: _____

EMAILED STUDENT: _____

DATE: _____

CHECK MAILED: _____

DATE: _____