

REFUND REQUEST FORM

Manhattanville College

Last Name _____

First Name _____

Mville Email address _____

Student ID # _____

Phone Number _____

Make Check Payable to _____

- _____ Will pick up
- _____ Please Mail to the Following Address
 - _____
 - _____

I HAVE:

- _____ A credit on my account and would like a refund.
- _____ I have withdrawn from the college and would like a refund of any amount due to me.
- _____ I have taken a leave of absence from the college and would like a refund of any amount due to me.
- _____ I wish to donate _____ from my refund balance to Manhattanvill's Annual Fund.
- _____ I wish the credit to be used to pay towards my Perkins Loan.

Please fax or e-mail form to 914-323-5384 or studentaccounts@mville.edu emailed forms must be sent from a Manhattanville email address.

_____ I acknowledge that I have read and understand all items on this form, that I have requested a refund from my student account at Manhattanville College, and that NO refund will be issued to me until the Office of Student Accounts has validated my request.

Please note refunds take 7 to 10 business days to be processed.

Student Signature _____ Date _____

