

Nyack College /ATS /AGSC Credit Refund Request Form

Campus Request Is From: / MCATS / RCATS

Student Name: _____

Pick up check: (circle) Yes / No Send by certified mail: (Circle) Yes / No

REQUIRED INFORMATION BILLING ACCOUNT ID# _____

Phone #: _____ - _____ - _____ E-Mail: _____

Requested Amount From Account: Full Amount: \$ _____ Other Amt: \$ _____

Your check can be picked up at the office of Student Financial Services Monday – Fridays 8:30am - 5:00 pm.

Signature: _____ Date: _____

For Office Use Only: These fields are required information. If left incomplete the form will be returned to you.

Credit refunds must be e-mailed on Fridays in order for the check refund to be picked up by the following Friday. Requests submitted after the Friday deadline will be processed for the following week.

Students must have a credit on their account (over and above tuition, fees, rent for current term) in order for the refund to be processed.

Balance on students account: \$ _____ Adjustments: Rent: \$ _____

Tuition: \$ _____ Approved Refund Amount: \$ _____

Previous refund: (Circle) Yes / No Book Voucher: Yes / No \$ _____

Approvals: SFS Requisitioner: _____ Date: _____

Check Information:

Check Number: _____ Date: _____

Check Received by _____ Date: _____