

Student Name: _____

Date: _____

Email Address: _____

Student ID#: _____

Current Credit Balance: _____

I request a refund in the amount of: _____

Issue refund to me

Refunds to students will be mailed to their current Billing Address.

OR

Transfer refund to my SweetCash account

OR

Issue refund to my parents

Mail my refund to the following address:

I understand that this refund is based on my current enrollment status, charges and financial aid eligibility. If I drop or add classes or withdraw from Sweet Briar College, my charges and aid eligibility may be recalculated (see refund policy in the Sweet Briar College catalog). If the adjustments result in an amount due to the College, I will repay this amount immediately upon receipt of the adjusted billing statement.

By presenting a printed version of this form I am consenting to the above agreement with my signature.

(Sign with your full legal name)

SBC BUSINESS OFFICE USE ONLY:

The account appears current on all aid OK to refund: Yes No

Date: _____

Signature of Accounts Receivable Coordinator:

Accounts Payable: