

REFUND REQUEST
MUSKIE BUCK TRANSFER FORM
PRINTING AND STUDY ABROAD TRANSFER FORM

Please indicate below your preference for handling the credit.
Your account has a credit balance from overpayment or from the deposit of a student loan.

Student Name _____ **Student Number** _____

\$ _____ **Refund the Credit Balance**
\$ _____ **Transfer Credit to my Muskie Bucks, Printing, Abroad** _____ **Study**

I want this mailed to: _____

PLEASE PROCESS THIS REQUEST FOR A CREDIT BALANCE REFUND.

Statement: The best of my knowledge, all charges and fees due the University have been paid in full. I understand that changes and adjustments to my account may occur as my student status changes. My financial aid award and adjustments may be made to my student account based on my student status. I understand that if financial aid credits previously posted is reduced or removed, I may owe the University even after I have received the Credit Balance Refund. I also understand that all adjustments will appear on my student account statement and that if any valid adjustment creates an amount due the University, subsequent to this refund, it is expected to be paid by the due date of that statement.

Federal Regulations require that the University apply your Title IV financial aid funds to "allowable charges", which are tuition, mandatory fees, university housing and university board charges. The University allows many departments to assess charges to your student account in order to consolidate billing. Some of these charges might include, Parking Fees, Muskie Bucks (which students use to purchase books, goods and services and other items on campus), Health Center charges and other miscellaneous charges that are incidental with attendance at MU. However, the University must first obtain written authorization to apply Title IV financial aid funds to all charges that are reflected on the student account statement.

I certify that I read and understand the above statement and authorize the Title IV funds to apply to all charges.

Student Signature: _____ **Date:** _____
Phone: _____

PARENTS/GUARDIANS: The above named student is my ward. I certify that I have read the above Statement and understand its contents. I understand that if the College releases this Credit Balance, even if created through the proceeds of a Federal PLUS Loan, the refund will be made payable to the above named student for his/her use.
Please issue the refund as requested.

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY

Amount \$ _____ Date _____ Requested by: _____

AR Type _____ Approved by: _____

Pay to: _____

Pick up _____