



Muskingum College

REFUND REQUEST AND MUSKIE BUCK TRANSFER FORM

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

Student Name _____ **Student Number** _____

\$ _____ **Refund the Credit Balance**

\$ _____ **Transfer Credit to my Muskie Bucks**

Mail to: _____

PLEASE PROCESS THIS REQUEST FOR A CREDIT BALANCE REFUND.

Statement: The best of my knowledge, all charges and fees due the College 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 are reduced or removed, I may owe the College 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 College, subsequent to this refund, it is expected to be paid by the due date of that statement.

I certify that I have read, understand, and agree with the above statement.

Student Signature: _____ **Date:** _____

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:** _____

Amount \$ _____ Date _____

Pay to: _____

AR Type _____

Mail to: _____

Refund Code _____

Pick up _____

Requested by: _____

Approved by: _____