

Muskingum University
REFUND REQUEST / MUSKIE BUCK/ PRINT/STUDY ABROAD TRANSFER FORM

Your account has a credit balance from overpayment or from the deposit of a student loan. *Please check the appropriate box below for handling your credit.*

Student Name _____ Student Number _____

- \$ **BALANCE** I WOULD LIKE YOU TO REFUND MY CREDIT BALANCE.

- \$ **TRANSFER CREDIT TO MUSKIE BUCKS**
(Muskie Bucks are NON-REFUNDABLE)

- \$ **TRANSFER CREDIT TO MY PRINTING.**

- \$ **TRANSFER CREDIT TO MY STUDY ABROAD TRIP.** _____

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, **Non-Refundable** 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: _____

OFFICE USE ONLY

Amount \$ _____ **Date** _____ **Requested by:** _____

AR Type: _____ **Approved by:** _____

Pay to: _____

SPECIAL INSTRUCTIONS:

Pick Up

Mail
