

BUTLER UNIVERSITY

STUDENT ACCOUNT REFUND REQUEST

BU ID Do NOT include last 2 digits (e.g. 51)

Name (please print) _____

Refund Request is for:

_____ Fall term _____ Spring term _____ Summer I term _____ Summer II term

Leave amount blank
to receive maximum refund available

AMOUNT REQUESTED .

Refund Requests are limited to two per term

I would like to PICK UP _____ my refund check

I would like you to MAIL _____ my refund check

Mailing Address (please print):

Note:

- *Refund Requests* marked "MAIL" or if "MAIL" or "PICK UP" is not designated, refund checks will be mailed to the home address on file unless otherwise noted.
- All refund checks will be issued in student's name unless credit balance is created by a federal parent PLUS loan

Student Signature _____ Date submitted _____

For office use only

Date form received: _____