BUTLER UNIVERSITY
STUDENT ACCOUNT REFUND REQUEST

NOTE: If federal (Title IV) financial aid funds create a credit balance on your account, this form is not required to receive a refund check.

BU ID ____________Include the first 9 digits only

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 _______ ______

I would like to PICK UP _______ my refund check

I would like you to MAIL _______ my refund check to: ________________________________
(Use HOME or LOCAL address in my.butler.edu) ______________________________________

Note:

➢ Refund Requests marked "MAIL" will be sent to address designated above. If no address is designated or if "MAIL" or "PICK UP" is not designated, refund checks will be mailed to the home address on file.

➢ All refund checks will be issued in student’s name unless credit balance is created by a federal parent PLUS loan

➢ If the credit balance remaining on your student account is not due to Title IV funds, only two checks will be issued per term. Any time there is a credit on the account due to Title IV funds, that credit will be refunded in its entirety.

Student Signature ____________________________ Date submitted ______

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For office use only

Date form received: ________________________________