MUSKINGUM
U N I V E R S I T Y

REFUND REQUEST/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 managing your credit.*

Student Name: _____ **Student Number:** _____

☐ **$__BALANCE____ I WOULD LIKE YOU TO REFUND MY CREDIT BALANCE.**

☐ **$_____TRANSFER CREDIT TO MY PRINTING.**

☐ **$_____TRANSFER CREDIT TO MY STUDY ABROAD TRIP TO_____.**

PLEASE PROCESS THIS REQUEST FOR A CREDIT BALANCE REFUND.

STATEMENT: To the best of my knowledge all charges and fees due to 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 are 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 to the University, after 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 other departments to assess charges to your student account to consolidate billing. Charges might include Parking Fees, 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: _____   **Term:** _____   **Approved by:** _____

Pay to: _____   **SPECIAL INSTRUCTIONS**:

☐ **Direct Deposit (Bank Mobile)**   ☐ **Check**   _____

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