



SHENANDOAHTM

UNIVERSITY

Student Account Refund Request

_____ Refund Date

 SU ID* Last Name* First Name* MI

Make Check Payable To: _____ Relationship: _____
(If Payee Name Is Different From Student Name Above, Student Signature Is Required on This Form)

 Mailing Address* City State Zip

 Telephone Number*

Check One*: Pickup Mail *(Refund checks will not be mailed to campus addresses)*

Amount \$ _____ From Student Account (ARST)

Reason for Refund: _____

Refund checks will only be issued for accounts that have credit balances.

I understand that if my eligibility for financial aid changes or outside financial assistance is reduced, I will be responsible for any balance due on my student account.

Signatures:

 Student* Date

 Student Accounts Date Voucher #

Comments: _____

***Required**

Please return to Hornet Central/Wilkins Building or by email to HornetCentral@su.edu or by fax: 1-540-665-5433