

**NORTH CAROLINA STATE UNIVERSITY
REFUND APPLICATION**

(Please type or print clearly)

Applicant's Name: _____
 (Last Name) (First Name) (Middle/Maiden) (Student ID Number)

 (Street Address) (City) (State) (Zip) Phone: (Home) (Business)

 (email address)

Official withdrawal or drop date if appropriate

Request for refund of (check box or boxes):

- TUITION & FEES** - University Cashier's Office, 2005 Harris Hall, Box 7213 Raleigh, NC 27695-7213. Phone (919) 515-2986.
- UNIVERSITY HOUSING CHARGES** - University Housing, 1112 Pullen Hall, Box 7315, Raleigh NC 27695-7315. Phone (919) 515-2440.
- LATE REGISTRATION CHARGES** - Department of Registration & Records, 1000 Harris Hall, Box 7313, Raleigh NC 27695-7313. Phone (919) 515-2572.
- STUDY ABROAD CHARGES** - Study Abroad, 315 First Year College Commons, Box 7344, Raleigh NC 27695-7344. Phone (919) 515-2087.
- OTHER** - University Cashier's Office, 2005 Harris Hall, Box 7213 Raleigh, NC 27695-7213. Phone (919) 515-2986.

NOTE: The appropriate Administrative Office will notify you of its decision. If your request is denied, you will have the right to appeal to the Fee Appeals Committee.

INSTRUCTIONS: (1) Complete this form and present or send to the appropriate administrative office indicated above.
 (2) Be precise and specific in giving your reasons for this request.
 (3) All supporting information (i.e., copy of withdrawal form, copy of registration audit with drop information, doctor's statement, employer's statement, etc) must be attached or your application cannot be considered.

NOTE: PLEASE REFER TO THE CASHIER'S WEBSITE (go.ncsu.edu/cashiers) FOR INFORMATION PERTAINING TO THE LAST DAY TO OBTAIN A REFUND/CREDIT FOR DROPPED COURSE(S), THE PRORATED SCHEDULE OF REFUNDS DUE TO AN OFFICIAL WITHDRAWAL, AND LAST DAY REQUEST A REFUND/CREDIT THROUGH THE FEE APPEAL PROCESS.

I am requesting a refund/credit in the amount of \$ _____ charged during _____. This request is based on the following reasons.
 (Use additional paper as needed) (semester/year)

I certify that I have read the guidelines for filing a student fiscal appeal and that the information I have provided in this appeal is true and accurate

Signature: _____
 Date Submitted: _____

Administrative Office Use only:	
<input type="checkbox"/> Granted <input type="checkbox"/> Partial Grant <input type="checkbox"/> Not Granted <input type="checkbox"/> Request for Appeal Date: _____	<input type="checkbox"/> Notified in person <input type="checkbox"/> Notified by phone <input type="checkbox"/> Notified by Letter <input type="checkbox"/> Notified by email
Notes:	
Signature: _____ Date: _____	

Fee Appeals Committee Use only:
<input type="checkbox"/> Be Granted: _____ _____
<input type="checkbox"/> Be Partially Granted: _____ _____
<input type="checkbox"/> Be not Granted: _____ _____
Date: _____