

**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. Email studentaccounts@ncsu.edu.
- UNIVERSITY HOUSING CHARGES** - University Housing, 1112 Pullen Hall, Box 7315, Raleigh NC 27695-7315. Phone (919) 515-2440. Email housing@ncsu.edu.
- LATE REGISTRATION CHARGES** - Department of Registration & Records, 1000 Harris Hall, Box 7313, Raleigh NC 27695-7313 Phone (919) 515-2572. Email studentservices@ncsu.edu.
- STUDY ABROAD CHARGES** - Study Abroad, 315 First Year College Commons, Box 7344, Raleigh NC 27695-7344 Phone (919) 515-2087. Email study\_abroad@ncsu.edu.
- 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/refund](http://go.ncsu.edu/refund)) 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: \_\_\_\_\_

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

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