

NORTHLAND COLLEGE

Student Account Refund Request Form

Print Name: _____ ID# _____

First Middle Last

I will receive my entire credit balance unless I specify a different amount here: _____

Put check in **Campus Mailbox #** _____

Mail check **Home or to the following address:** _____

Your refund will not be available until you have a credit balance on your account.

If for some reason charges are incurred to your student account or your financial aid reduced after your refund is processed, you are still responsible for the balance due to Northland College.

****If your original payment was made by credit card we are required to issue the refund to your credit card.**

Refunds will be issued in the name on the student account, not a parent's name.

Your Refund Request needs to be returned to the Student Financial Services Office by the close of business on Monday of the check run week. Ask Student Financial Services for the next check run date. By signing this form I understand and agree to the Northland College Refund Policy.

Student Signature

Date

This form can be return to Student Accounts or Financial Aid on the 1st floor of Brownell Hall, Or by any of the following methods:

Email: studentaccounts@northland.edu or finaid@northland.edu

Mail: Northland College Student Financial Services 1411 Ellis Avenue, Ashland, WI 54806

For Office Use Only:

____ Financial Aid

Refund Amount: _____

____ Student Accounts

Refund Date: _____

Special Notes: _____