

**Baldwin-Wallace College
Cashier's Office
Berea, Ohio 44017**

REFUND APPLICATION

Student Name _____ Student Number _____
Print- Last, First, MI

Contact Phone Number: _____ REFUND REQUESTED \$ _____

Select one: MAIL ____ To Address on Account Statement PICK UP ____

BW Term: _____ Student Status: Independent. ____ Dependent. ____

PLEASE PROCESS THIS REQUEST FOR A REFUND.

Statement: To the best of my knowledge, all charges and fees due the College have been paid in full. I understand that changes and various adjustments to my account may occur periodically or 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 funds or credits previously posted to my account are reduced or removed, I may still owe the College. This situation may occur after I have received the Refund as requested above. I also understand that all adjustments will appear on my student account statement and that if any valid adjustment creates an amount due the College, subsequent to this refund, it is expected to be paid by the due date of that statement.

I certify that I have read, understand, and agree with the above statement.

Student Signature _____ Date Signed _____

PARENTS/GUARDIANS: The above named student is my dependent or ward. I certify that I have read the above Statement and understand its contents. I understand that if the College releases this Credit Balance, even if created through the proceeds of a Federal PLUS Loan, the refund will be made payable to the above named student for his/her use. Please issue the refund as requested.

Parent/Guardian Signature _____ Date Signed _____

NOTE: REFUND CHECKS WILL BE AVAILABLE WITHIN 5-7 BUSINESS DAYS

FOR OFFICE USE ONLY:

Requested by: _____ Date _____

Refund Amount \$ _____ Check # _____ Check Date _____

Total Credit Balance \$ _____ F/A Verified _____ Approved Date _____

NOTES: