

Baldwin Wallace University
Cashier's Office
Berea, Ohio 44017
Office 440-826-2217/Fax 440-826-3073
Email: cashier@bw.edu

REFUND APPLICATION

Student Name _____
Last, first, middle initial

Student ID Number _____ Contact Phone Number: _____

BW Term: _____

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

Statement: To the best of my knowledge, all charges and fees due to the University have been paid in full. I understand that changes or adjustments may occur to my student account.

I understand that if financial aid funds or credits previously posted to my account are reduced or removed, I may still owe the University and this 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 to the University, subsequent to this refund, it is expected to be paid by the due date of that statement.

I also understand that, in requesting a refund, I will receive the **entire credit** on my student account at the time of processing.

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 University 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:

You will receive 2 emails from the Cashier's Office, one indicating that we have received your refund form and a second email when it has been completed.