

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. If you will continue to be a registered student, include your local address below along with your reasons for refund/credit request. *Please indicate if local address is _____ home or _____ apartment*
- LATE REGISTRATION CHARGES** - Department of Registration & Records, 1000 Harris Hall, Box 7313, Raleigh NC 27695-7313 Phone (919) 515-2576.
- 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 (WWW.FIS.NCSU.EDU/CASHIER) 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"/> 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: _____	

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