

DOMINICAN COLLEGE STUDENT REFUND CHECK REQUEST FORM

Please Read Important Notice:

In determining your Refund Check amount, consider if you would like to leave a portion of this credit on your account. The credit will be applied to your next term's registration and/or tuition fees?

YES or NO (circle one)

I _____ authorize the Bursar's Office to carryover \$ _____ of my credit balance to the (Fall, Winter, Spring, or Summer) 20____ term.

Please fill out the information below for your Refund Check to be processed. Your request will be processed within **30 days** from the date your form is submitted to the Bursar's Office.

Name ID#

Date Refund Check Amount

Method Desired of Receiving Refund Check:

Pick Up Refund Check Mail Refund Check To Address

Address

Phone Signature

Thank You,
Bursar's Office

FOR MORE INFORMATION

Bursar's Office
1.866.4DC.INFO toll free
845.848.7805 ■ www.dc.edu



More than an education...a relationship.
DOMINICAN
College

470 Western Highway ■ Orangeburg, NY 10962