

DOMINICAN COLLEGE STUDENT CREDIT BALANCE CARRYOVER AUTHORIZATION FORM

Name ID#

Address

I, _____, authorize the Bursar's Office to:
Carryover \$ _____ (or) all of my credit balance to the: (Fall), (Spring), (Summer), 20__ semester.

OR

I, _____, authorize the Bursar's Office to:
Apply \$ _____ of my credit balance to my DC One Card account:

Student Signature Date

This form must be submitted to the Bursar's Office in person, by mail, or fax.

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