

# DOMINICAN UNIVERSITY STUDENT CREDIT BALANCE CARRYOVER AUTHORIZATION FORM

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Name

ID#

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Address

I, \_\_\_\_\_, authorize the Bursar's Office to:

Carryover \$ \_\_\_\_\_ (or) all of my credit balance to the: (Fall), (Winter), (Spring), (Summer),  
20\_\_\_\_ semester.

**OR**

I, \_\_\_\_\_, authorize the Bursar's Office to:

Apply \$ \_\_\_\_\_ of my credit balance to my DUNY One Card account.

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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**

1.866.848.7805 \* [www.duny.edu](http://www.duny.edu)



470 Western Highway \* Orangeburg, NY 10962