

DOMINICAN UNIVERSITY 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

1.866.848.7805 * www.duny.edu



470 Western Highway * Orangeburg, NY 10962