DOMINICAN UNIVERSITY NEW YORK | Student Financial Services

Student Refund Check Request Form

Important Notice

When determining your refund check amount, please consider whether you would like to leave a portion of your credit on your account. Any remaining credit may be applied toward your next term's registration and/or tuition charges.

☐ Yes ☐ No

I,_____ , authorize the Bursar's Office to carry over **ALL** ☐ **OR**, apply $_____ of my credit balance to the following term:

☐ Fall ☐ Winter ☐ Spring ☐ Summer

Refund Processing Information

Please complete the information below to process your refund check. Your refund amount is **subject to change** according to any adjustments made during the review process. Requests will be processed within **30 days** from the date the form is received by Student Financial Services.

Name:_____ Refund Amount: $_____

Student ID :_____ Date:_____

Method of Receiving Refund Check

☐ Pick up refund check

☐ Mail refund check to address below

Mailing Address:_____

Address Continued:_____

City:_____ State:_____ Zip:_____

Telephone Number: ( ) _____-_____

Signature: _____ Date: _____