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 (please select one)

I, _____, authorize the Bursar's Office to carry over **All** ☐

Or $_____ of my credit balance to the (Fall / Winter / Spring / Summer) _____ term.

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: _____ Student ID #: _____

Date: _____ Refund Amount: _____

Method of Receiving Refund Check

☐ Pick up refund check

☐ Mail refund check to address below

Address: _____

Phone Number: _____

Signature: _____

Thank you,

Student Financial Services| **1.845.848.7821** | www.duny.edu

Dominican University New York | 470 Western Highway, Orangeburg, NY 10962