

**DENISON UNIVERSITY**  
**REQUEST for REFUND from a STUDENT ACCOUNT**

Denison ID Number: **D** \_\_\_\_\_

Student's Name: \_\_\_\_\_

<input type="checkbox"/>	Direct Deposit to Student
<input type="checkbox"/>	or make check payable to parent:
Parent Name	_____
Street	_____
City, State, Zip	_____

Please indicate ALL or specify a refund amount:                   \$ \_\_\_\_\_

Financial aid (scholarships, loans, grants, etc.) will not be refunded until after the tenth day of classes of the semester for which they were awarded. Library fines and other amounts due to Denison will be subtracted before the refund is calculated. Normal processing time for refunds is ten business days.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Accounts Notes:	(Urgency, Anticipated Funds, CBORD\$, etc.)
B V R F B L 9 T O	