UNIVERSITY OF
SCRANTON
Office of the Treasurer
Scranton, PA 18510-4694

REQUEST FOR REIMBURSEMENT

Student's Name: _____

Social Security Number: _____

Please circle year: Freshman Sophomore Junior Senior Evening Graduate

Source of credit – Please check one:

_____ Drop on course

_____ Overpayment

_____ Scholarship

_____ Grants

_____ Other *(please specify)* _____

_____ _____

_____ Loan

_____ Complete withdrawal from school

Student's Address:

Street _____

City _____ State _____ Zip _____

** YOUR FAMILY WILL BE NOTIFIED THAT YOU HAVE RECEIVED THE ABOVE REFUND. **

** REFUNDS CANNOT BE ISSUED TO THOSE STUDENTS WHO HAVE PHEAA SCHOLARSHIPS UNTIL THEY ARE RECEIVED BY THE SCHOOL. **

** REFUNDS CANNOT BE PROCESSED FOR AT LEAST THREE WEEKS DURING REGISTRATION AT THE BEGINNING OF EACH SEMESTER. AFTER THIS PERIOD, PLEASE ALLOW TWO WEEKS FOR REFUNDS. **

** REFUNDS CANNOT BE PROCESSED APPLICABLE TO TITLE IV FUNDS UNLESS A SIGNED STATEMENT OF EDUCATIONAL PURPOSE/REGISTRATION COMPLIANCE IS ON FILE IN THE FINANCIAL AID OFFICE. (TITLE IV INCLUDES PELL GRANTS, SUPPLEMENTAL EDUCATIONAL GRANTS, NATIONAL DIRECT STUDENT LOANS, STATE GUARANTEE LOANS.) **

Please check one:

_____ Will pick up

_____ Mail to the above address

_____ Amount requested $ _____

_____ Date of request _____

_____ / _____

Signature *Date*

*** OFFICE USE ONLY ***

Refund Computation:

Balance per account *(attached)* _____

Amount of refund _____

Computation of refund _____

_____

_____

_____

_____

(initials)