

Wheaton College

Office of Student Financial Services

Phone: (508) 286-8232 Fax: (508) 286-3787

Refund Request Form

Student's Last Name, First Name, Middle Initial

Student I.D. Number

Name of parent to be jointly payable if Parent PLUS loan funds

Reason for Refund (Check all that apply):

Overpayment Study Abroad Leave Other

Refund Request: \$ _____ * This amount may differ from final approved amount after account review.

Direct Deposit Paper Check

Address to mail if requesting a paper check:

Street

City State Zip Phone Number

Please sign below acknowledging the following:

- * Paper refund checks may take longer for you to receive. If you want to establish Direct Deposit, please complete the Direct Deposit Authorization Form at www.wheatoncollege.edu/sfs/forms/directdepositauth.pdf
- * Refunds are available usually within 14 days of the request.
- * Refunds cannot be processed based on anticipated credits.
- * Payment plan payments are not refunded until the TMS budget for the term is paid in full.
- * Refunds for study abroad program costs are issued directly to the student. The student is responsible for making payment to their program.

Student signature

Date

Office use only	Official WD/LOA date:	Refund Percent:	Inst. ProRata
BalFwd _____	Wheaton Grant _____	Perkins Loan _____	_____
Tuition _____	Pell Grant _____	Subsidized Loan _____	_____
Room _____	SEOG Grant _____	Unsubsidized Loan _____	_____
Board _____	Gilbert Grant _____	PLUS Loan _____	_____
Fees _____	Scholarship _____	TMS _____	_____
Other _____	Scholarship _____	Other _____	_____
Other _____	Other _____	Other _____	_____

TOTAL CHARGES

TOTAL CREDIT

NOTES: _____

SEMESTER: _____ Approved Refund Amount: \$ _____

Authorized Signature: _____ Date: _____

Authorized Signature: _____ Date: _____

requests with financial aid must have a signature from a Financial Aid Counselor