



ALL REFUNDS ARE MAILED

REFUND REQUEST

NAME _____ DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

NYIT STUDENT ID # _____

HOME TELEPHONE # _____ CELL # _____

EMAIL ADDRESS _____

AMOUNT _____ TERM _____

Requested by _____
Student's signature Date

Verified by _____
NYIT Bursar Representative Date

ALL AREAS MUST BE COMPLETED, SIGNED, AND DATED.
INCOMPLETE REQUEST FORMS WILL NOT BE PROCESSED.

Refund to Credit Card must be within 30 days of payment otherwise a refund check will be issued.

FOR REFUND DEPARTMENT USE ONLY

COMMENTS:

ALL REFUNDS ARE MAILED

NYIT Office of the Bursar
PO Box 392
Old Westbury, NY 11568-0392
Tel: 516-686-7510 option #3
Fax: 516-686-7833