

## **REFUND REQUEST**

NOTE: Refunds will be issued in accordance with your payment method, and/or your selected BankMobile refund disbursement option. Office of the Bursar PO Box 392 Old Westbury, NY 11568-0392 Tel: 516-686-7510

Fax: 516-686-7833

DATE:		
STUDENT NAME_		
ID#		
REFUND AMOUNT	SEMESTER(S)	
CURRENT ADDRESS:		
House Number/Street		
Apartment No.		
City, State, Zip		
Home Telephone #	Cell #	
Email Address		
If this is a new address, you <u>must</u> update <u>www.refundselection.com</u> , log in, and clie		udent website. Go to
I have read this form and	l understand the refund	conditions:
Student Signature:		
		Date
Received by:Signature E	Bursar Representative	Date

Incomplete request forms will <u>NOT</u> be processed. The refund Department will make the final determination of refund eligibility according to Federal Title IV Regulations. ADDITIONAL PROCESSING TIME MAY BE NECESSARY DURING TIMES OF PEAK REFUND VOLUME.

Ref Request: dmc 1/11/19