



RETURN THIS FORM

By mail to:

Student Financial Services
Southeast Missouri State University
One University Plaza, MS 3740
Cape Girardeau, MO 63701

On campus at:

Academic Hall—Room 019

By fax to:

(573) 651-5006

Questions?

(573) 651-2253 or sfs@semo.edu

STUDENT INFORMATION	
SOUTHEAST ID	
NAME	FIRST MIDDLE INITIAL LAST
ADDRESS	STREET ADDRESS
	CITY, STATE, ZIP CODE
PHONE	HOME
	CELL
E-MAIL ADDRESS	

REASON FOR REFUND
<input type="checkbox"/> Financial Aid has been applied to my account, and I wish to have the credit balance (if any) refunded to me.
<input type="checkbox"/> I have withdrawn from the University, with an effective date of _____.
<input type="checkbox"/> Other: _____

METHOD OF REFUND
<input type="checkbox"/> I wish to have my refund directly deposited to my account. <ul style="list-style-type: none"> <input type="radio"/> A direct deposit authorization form is attached. <input type="radio"/> A direct deposit authorization is already on file.
<input type="checkbox"/> I wish to have my refund mailed. I understand that for security, the permanent address on file with the University will be used as the mailing address.

In requesting a refund of credit balance, I hereby acknowledge that I understand the University's refund policy as approved by the Board of Regents of Southeast Missouri State University and published in the University's Schedule of Classes, Bulletin, and Student Financial Services website.

PLEASE NOTE:

- (1) Refunds can be delayed for payment made by personal check or Web (ACH) payment.
- (2) Refunds are normally issued within a three-week period following receipt of the Request for Refund of Credit Balance.

STUDENT SIGNATURE	
SIGNATURE	DATE