## **REFUND OF CREDIT BALANCE**



Refunds on a student account can be made only if the account has an actual credit balance. Refunds will not be issued on credits created by "expected financial assistance."

## Please allow 7 – 14 days to process your refund.

To be completed by the student	:		
Student Name:			
Please make my refund payable	to:		
Student	or		Name:
Send payment to:			
Campus Mailbox	or		Off Campus Address:
Amount requested:			
Full Available Amount	or		\$ (Not to exceed actual credit balance on account)
may occur. I understand that if may owe the College even after adjustments will appear on my samount due to the College, substhat statement.	my finan I have re student a sequent t	icial a eceive accour to this	nts to my financial aid award and my student account id credits previously posted are reduced or removed, I ed the Credit Balance Refund. I also understand that all nt statement and that if any valid adjustment creates an is refund, it is expected to be paid by the due date of the tand, and agree with the above statement.
Signature:			_ Date: / / 201
Submit completed	Off	Harve fice o 301	k-in to Kingston Hall, Room 236 or mail to: ey Mudd College f Student Accounts Platt Boulevard mont, CA 91711
If you have any questions	please ca	all (90	09) 621-8107 or email student_accounts@hmc.edu.
****This form mus	st be co	mple	ted each time a refund is requested****
For office use only:			
Credit Balance: \$			Journal Number: SA
Tot Code: BLPC	Date Com	nleter	d: / / 201 Detail Report Included:

Revised 03/2015