



St. Mary's College of Maryland
at Historic St. Mary's City

Refund Request Form

If this refund request is approved and you have an outstanding balance, a refund check will be issued after the credit is applied to your account.

Please note Refunds for less than \$20.00 will not be processed for currently enrolled students.

Student Name: _____

Student ID #: _____

*****ALL refund checks will be mailed to the campus center mailbox. Please specify if you prefer it to be mailed to another address.**

Street Address

City State Zip

Reason for credit on account:

Meal Plan Cancellation _____ Excess Finl Aid _____ Overpayment

Course Cancellation _____ Course Withdrawal _____ Fee Reversal

Withdrawal from College _____ Other (explain) _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Student Account Bal: \$ _____

Cancellation Date _____

Refund Amount: \$ _____

Withdrawal Date _____

Other (date) _____

Processed By Date

Approved By Date