

**** Please email completed refund request forms to: studentaccounts@capital.edu ****

CAPITAL UNIVERSITY **REFUND REQUEST FORM**

NAME _____

ID# _____

Please sign only one statement here. If signing statement #1, complete “term” and “credit hour” blanks.

1) I hereby request a refund of loan proceeds, grants and other credits not needed to satisfy my institutional charges at Capital University for the _____ **term/year**. With my signature below I confirm that I am enrolled for _____ **credit hours** for the term noted above, and that I am attending all classes or otherwise pursuing completion of all classes for which I am currently registered. I understand that a withdrawal from the University may result in a required repayment to Capital of all or a portion of this refund if it is determined that I am no longer eligible for some or any of the student financial aid.

SIGNATURE** _____ **TODAY’S DATE**** _____

**** DO NOT sign, date or submit to the University earlier than the first official day of the term.**

2) I have officially withdrawn from Capital University. I hereby request a refund of any credit remaining on my account after required refunds have been made to student financial aid programs.

SIGNATURE _____ **TODAY’S DATE** _____

All refunds will be disbursed either through Direct Deposit or checks will be mailed to your address on file with Capital University. *Refunds are not available for pick-up*****

To set-up Direct Deposit, please go to myCap, click Bank Information under the Student Finance tab. Please allow 5 working days for banking information to be verified.

If you wish for your check to be made payable to someone other than you, the student. Please list their name below:

Payee, if other than student _____

Please note, refunds will be processed on Thursday of each week. If issued by Direct Deposit, you will receive an email when processed. How quickly funds appear in your account will be determined by your banks internal processes. Checks issued by mail may take up to 7-10 working days to be received based on the United States Post Office delivery system. Refunds will be issued only to original form of payment.

FOR FINANCE OFFICE USE ONLY

| TERM | AR.TYPE | REFUND CODE | AMOUNT | APPROVAL |
|-------------|----------------|--------------------|---------------|-----------------|
| | SR | | | |
| | SR | | | |
| | SR | | | |