

FISHER COLLEGE REFUND REQUEST
All requests must be submitted by regular mail or in person!

STUDENT NAME _____ SSN # _____

Please make this check payable to: _____

STREET _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

FISHER COLLEGE EMAIL ADDRESS ONLY: _____

1. All personal and bank checks must clear Fisher's bank account prior to submitting requests. This can take 7 to 10 business days, depending on your bank. The refund request process will begin in the 6th week of each semester or term.
2. Students must have a credit on their account before a refund could be issued. **ALL AID (i.e. scholarships, grants, and loans) FOR THE SEMESTER OR TERM MUST BE APPLIED TO THE ACCOUNT.**
3. Various departments will review this request along with the account history before it is submitted. **The review process will take A MINIMUM OF 2 WEEKS to be reviewed after it is received by the Main Campus-Bursar's office.**
4. Students who have selected to pick-up their check from the Main Campus will be contacted when the check is available for pick-up.

STUDENT SIGNATURE _____ DATE _____

_____ Mail to above address _____ Pick-Up at Main-Campus Bursar Office Amount Requesting \$ _____

Which campus did you attended: ___ Boston/Day ___ Boston/Evening ___ Brockton Hospital ___ North Attleboro ___ New Bedford ___ On-Line

ADMISSIONS / BURSAR

DATE _____ AMOUNT \$ _____ BURSAR _____

COUNSELOR _____ DIRECTOR _____

REMARKS _____

Verify that these items are completed: _____ Library Charges _____ Housing Charges

MAIN CAMPUS - FINANCIAL AID OFFICE

DATE _____ AMOUNT TO RETRACT \$ _____ FIN. AID _____

REASON FOR RETRACTION: _____

MAIN CAMPUS-BURSAR OFFICE	FISHER COLLEGE AP EXPENSE APPROVAL AND DISTRIBUTION
DATE GIVEN TO A/P:	ADMIN. COUNCIL APPR.:
APPROVED AMOUNT: \$	ACCOUNT NUMBER: 02099
MGR SIGNATURE:	COST NUMBER: 0001
A/P MGR. SIGNATURE:	INVOICE AMOUNT: \$
CHECK #: Date Received from AP:	DATE APPROVED:
DATE MAILED:	DATE RECEIVED: