

CLAREMONT McKENNA COLLEGE
REQUEST FOR REFUND OF CREDIT BALANCE

Name: _____ I.D. #: _____

I hereby apply for a refund of the credit balance on my student account.

I understand that the amount of the refund can not include any outstanding Expected Aid that has not been received by the office of Student Accounts. (A credit balance resulting from the addition of a PLUS loan must be refunded to the parent *unless*, the parent gives written permission for the credit balance to be refunded to the student).

I also understand that I am responsible to pay for any additional charges added to my student account after the refund

All refund checks **must be mailed** and are not available to be picked up.

Signature: _____ Address: _____

Amount of Refund: \$ _____ City: _____

Date: _____ State, Zip Code: _____