ILLINOIS WESLEYAN UNIVERSITY
STUDENT ACCOUNT REFUND REQUEST

STUDENT INFORMATION – PLEASE PRINT

IWU STUDENT ID NUMBER (NOT SS #)

9								

DATE

				2			

Last Name

First Name **Middle Initial**

Reason for refund: (please circle)

Overpay Tuition Adjustment

Board Change Room Change

Financial Aid Loan

Other _____

Student Signature: _____ Telephone Number: _____
(Signature required to process)

Checks will be made payable to the student and available for pick up at the Business Office windows

A credit is not valid when a credit balance is the result of "Expected" credits. Allow up to 10 days for processing valid refunds.

Bring completed form to the Business Office windows

or Mail to:

Illinois Wesleyan University
Student Accounts
P.O. Box 2900
Bloomington, Il. 61702-2900

or FAX to:

1-309-556-3411

THIS FORM IS NOT FOR FEDERAL TITLE IV REFUNDS