



## STUDENT ACCOUNT REFUND REQUEST

\_\_\_\_\_  
IWU Student ID Number

\_\_\_\_\_  
Student Last Name

\_\_\_\_\_  
Student First Name

\_\_\_\_\_  
Student IWU Email Address

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

**Check which applies:**  **Full refund of credit balance**

**Partial refund of credit balance**

**Amount for refund \$** \_\_\_\_\_

Checks will be made payable to the student. Refunds will not be issued for credit balances resulting from "Expected" credits.

**SEND FORM TO BUSINESS OFFICE** at busnoff@iwu.edu

*Form must be sent from student's IWU email account.*