

Lincoln University Student Accounts Receivable Refund Request Form

Name: _____ S.S.# _____.

Date: _____.

Type of Refund (Check One):

A. Financial Aid: _____.

B. Overpayment: _____.

C. Other: _____, Please Explain _____.

From what Semester and Year is your refund due:

Fall: _____ Spring: _____ Summer: _____.

Would you like to pick up your refund check at the Cashiers window?

Yes

No

If you like your refund check to be mailed, please provide us with your current mailing address:

Street or P.O. Box

City, State, Zip Code

Signature

Refund Processing Date