

Name: _____

ID #: _____

<input type="checkbox"/> ALL TERMS Refund my entire credit balance* each term that I have credit after aid posts.	<u>OR</u>	<input type="checkbox"/> TERM I request a refund in the amount of \$ _____ <u>OR</u> <input type="checkbox"/> maximum amount available
Program: <input type="checkbox"/> Undergraduate <input type="checkbox"/> MBA/MEd/MSN <input type="checkbox"/> DPT/MPAS/MEPN		
Are you enrolled in eRefund/ Direct Deposit: <input type="checkbox"/> Yes <input type="checkbox"/> No		
*If not, please visit https://franklinpierce.edu/admissions/finaid/your-account.htm#eRefund for instructions to sign up now!		
I understand and agree to the following: <ul style="list-style-type: none"> For students who are not enrolled in eRefund/ Direct Deposit: REFUND CHECKS WILL BE MAILED TO THE ADDRESS ON FILE in the main university computer system. Note: to change the address on file, contact the Registrar's Office via email at registrar@franklinpierce.edu or via phone at (603) 899-4068. A refund will not be issued until Student Financial Services has received the financial aid, alternative loan, and/or scholarship funds and a credit balance is created on my account. *Some funds may be held for future terms. I must be enrolled at least half time (three credits or more per term) to be eligible for a disbursement/refund for the term. 		
Signature: _____		Date: _____
(Must be actual signature)		