



HOFSTRA UNIVERSITY

Web Refund Request Form

Office of Student Financial Services
126 Hofstra University
Hempstead, NY 11549
Phone: 516.463.8000
Fax: 516.463.4847

<u>Refund:</u>	<u>Campus:</u>

Name: _____

Date: _____

Hofstra ID: _____

Amount requested: \$ _____

Term: _____

Student Signature: _____

Received By: _____

Date

Please Note:

1. Refunds will be made only if there is a credit due to the student after payments, adjustments, awards and loans are credited to the account.
2. A student should verify that their mailing address is correct, as well as make any corrections to their address, in the Personal Identification Section of the Hofstra Online Information System.
3. The refund may be credited back to a credit card if a credit card payment was recently made to the account. This will be further researched upon review of the request.

Office Use Only:

CREDIT CARD REVERSAL:

Reviewed By: _____

Date: _____

Approved By: _____

Date: _____

Processed By: _____

Date: _____