

COLLEGE OF SOUTHERN IDAHO

REQUEST FOR REFUND

NAME _____

ADDRESS

LAST

FIRST

DATE OF THIS REQUEST _____

STREET _____

CITY

STATE

ZIP

STUDENT ID# _____

Class (es) dropped or complete withdrawal

REASON FOR THIS REQUEST: (explain in detail)

STUDENT'S SIGNATURE _____

DATE _____

- **INCOMPLETE FORMS WILL NOT BE PROCESSED.**
- **APPROVED REFUNDS (with the exception of Financial Aid) WILL BE PROCESSED WITHIN APPROXIMATELY 10 DAYS.**

OFFICE USE ONLY BELOW THIS LINE

REQUESTED REFUND AMOUNT-

TUITION & FEES _____

MISCELLANEOUS _____

TOTAL REFUND _____

APPROVED FOR CSI _____

AUTHORIZED SIGNATURE (BUSINESS OFFICE) _____

DATE OF APPROVAL _____

DATE OF APPROVAL _____

OFFICE REMARKS: _____

CHECK # _____

Check Date _____