



**Southern**  
Illinois University  
**Carbondale**

### REQUEST FOR REFUND OF STUDENT-TO-STUDENT GRANT FEE

Office of Records and Registration, Woody Hall A-115, Mailcode 4701, Carbondale, IL 62901  
618-453-2993; Fax 618-453-2915

I, \_\_\_\_\_ SIUC ID#: \_\_\_\_\_  
Please print: Last Name, First Name, Middle Name

Hereby request that the amount of the Student-to-Student Grant Fee be applied as a credit to my account. I understand this request makes me ineligible to receive benefits from the Student-to-Student Grant Program.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Instructions: This request must be received within the first two weeks of classes for the Spring/Fall semesters, or by the first week of the Summer semester. You may either hand-deliver, mail or fax this form to the address or fax number listed at the top of this form.**

This box is for office use only.

Voucher: \_\_\_\_\_ Subcode: \_\_\_\_\_ Amount: \_\_\_\_\_  
Date Entered: \_\_\_\_\_ By: \_\_\_\_\_