

## Request for Refund of Undergraduate Student -to-Student Grant Fee

**Mail to:**

Registrar's Office, Student Services Building room 0251, Mailcode 4701, Carbondale, IL 62901  
Phone 618-453-2999; Fax 618-453-2915

I, \_\_\_\_\_ Dawg Tag: \_\_\_\_\_  
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 acknowledge that **I am an Undergraduate student enrolled for this term** and that submitting 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: _____	