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: ___________________________