

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 the _____ 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: _____	