

STUDENT REFUND REQUEST

Please allow up to 6-8 weeks to process this request

LAST NAME	FIRST NAME	TWU ID NUMBER
AMOUNT REQUESTED: \$ _____ OR Available Balance		
Payments received by FLYWIRE will be returned to FLYWIRE and refunded to the originating account where the payment was initially sent from. FLYWIRE refunds are subject to a \$15 processing fee.		
REASON FOR REFUND: Credit Balance on Account Other: <i>(please provide details)</i>		
LEGAL/PERMANENT ADDRESS: _____ CITY: _____ STATE/PROVINCE: _____ COUNTRY: _____ POSTAL/ZIP: _____		
My mailing address is the same as my legal address.		
MAILING ADDRESS: _____ CITY: _____ STATE/PROVINCE: _____ COUNTRY: _____ POSTAL/ZIP: _____		

_____ Student Signature	_____ Date
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FOR OFFICE OF THE REGISTRAR USE ONLY	
Notes: _____	
Request Form Received By: _____	Amount Approved: \$ _____ Number of Credit Hours FA ____ SP ____ SU ____
Approved by: _____	Approved by: _____
Financial Aid Signature <i>(required for US Loan Refunds)</i> : _____	