Tuition Refund Request



Student ID	Name			
Program	E-mail		Contact Num	ıber
Reason for Request				
Memo				
Scholarship	\$			
Financial Aid	\$			
Refund period	☐ 100% ☐ 75% ☐ 50%	25%		
refund will be made. In the School Catalog.	fund of tuition from the Washington also understand that the refund will as for receiving checks)	be made according to the regula	tions prescribed in the Stu	dent Handbook and
	canceling or voiding, WUV will issue a new check		State	Zip
Bank Name		Account Holder		
Routing Number		Account Number		
 40-31-160 (N) (6). Full refunds, 1. A student who enters the sch 2. A student who withdraws or program. 3. A student who withdraws or program. 4. A student who withdraws af notification of withdrawal. Add & Drop refund A student who withdraws during 	cy not policy for a school that financially obligates the stud minus non-refundable registration fee (\$100), will be mool but withdraws or is terminated during the first quis terminated during the second quartile (more than 2 is terminated during the third quartile (more than 50 ter completing more than three quartiles (75%) of the g the add/drop period shall be entitled to 100% refures says, excluding weekends and holidays, during the state of the state o	ade up to 72 hours after midnight of the date of actartile (25%) of the program shall be entitled to (25% but less than 50%) of the program shall be 6% but less than 75%) of the program shall be entitled to a refund. All and for the period.	eceptance. Other refunds are based on the aminimum refund amounting to 75% entitled to a minimum refund amountintilled to a minimum refund amountintilled to a minimum refund amountintilled to a minimum refund amounting refunds will be made within 15 bus	the following schedule: 6 of the cost of the program ing to 50% of the cost of the ng to 25% of the cost of the iness days from the official
Signature			Date	
Please subm	it the completed form to the Stud		email: student-accounts	@wuv.edu
APPROVAL	<0	FFICE USE ONLY>		
Financial Aid:		Date:		
Financial Manage	r:	Date:		
Cancel Benefit \$				
Paid Amount: \$	Deduct Amo	unt: \$	Refund Amount: \$	

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