



Please fill out the Student portion of this form fully and completely. Incomplete information will delay processing. ***Please note***Students must have credit on their account (over and above tuition and fees for the current term) in order for the refund to be processed.

Required Information: Student

Student Name: _____ Cohort Number _____

Circle Program: ADCP MSOL MBA

Choose delivery :

Pick up check: (circle) Yes / No

NOTE: All students attending in Albany and Ohio must pick up checks from their local Nyack Office.

Send by Certified Mail: (circle) Yes / No

NOTE: Certified Mail requires someone be present at the address to sign for receipt.

Social Security #: _____ - _____ - _____ Billing Account ID# _____

Phone #: _____ - _____ - _____ E-Mail: _____

Requested Amount: Full Amount: \$ _____ Other Amt: \$ _____ Book Monies (if applicable) \$600.00

Signature: _____ Date: _____

Upon completion please send, and confirm the receipt of your refund request form with your financial aid counselor.

FAX # 1-845-727-3071

Phone # 1-800-876-9225

Office Use Only:

Financial Counselor:

Tuition: \$ _____ Approved Refund Amount: \$ _____

Financial Counselor Approval: _____ Date: _____

Student Account Representative:

Balance on students account: \$ _____

Previous refund: (Circle) Yes / No Book Voucher: Yes / No

SFS Requisitioned: _____ Date: _____

For Certified Mail only:

USPS Certified Mail Tracking #: _____

For Pick-up only:

Signature: _____ Date: _____