



APPLICATION FOR REFUND OF TUITION AND FEES FORM

Student Financial Services
CASS Building
1735 Wahnish Way
Suite 103
Tallahassee, FL 32307

Phone: 850-561-2949 - Fax: 850-599-8618 - Email: studentaccountsdocs@famu.edu

Print Full Name: (Last), (First) Student ID:

Term/Year: Email Address:

Phone Number: Financial Aid Received? YES NO

Reason for Refund Request (please check one)

- Illness of a student of such severity or duration, as confirmed in writing by a physician, to preclude completion of the course(s).
Death of the student or death in the immediate family (parent, spouse, child, or sibling).
Involuntary call to active military duty.
A situation in which the University in in error.
Other:

Formal application specified above, must be made for a refund or other appeal action. This form must be submitted (with supporting documentation) to the University within six (6) months of the close of the semester in which the refund or other appeal action is applicable.

Please note: A separate committee from the Retroactive Withdrawal Committee will consider your application for tuition refund. You will be notified via email.

Student's Signature: Date:

FOR OFFICIAL USE ONLY

Approved Denied

Committee Signature: Date: