

OFFICE OF THE REGISTRAR

Attention: Assistant Registrar
320 Carrington Hall
901 S. National, Springfield, MO 65897
Phone: (417) 836-5520
Fax: (417) 836-6334

REFUND/CREDIT EXCEPTION REQUEST FORM

Student Name _____ SS# _____
Last Name First Name

Address where refund is to be mailed, if approved:

Street City State Zip Code

Please use the space below to give a detailed explanation of why you feel a refund exception should be granted for the _____ semester. Attach documentation of the circumstances to this form. A response to this request will be sent by mail.

Signature _____ Date _____