

Please send to:
Office of Student Financial Services
Bates College
44 Mountain Avenue
Lewiston, ME 04240
Fax: (207) 786-8350

Office of Student Financial Services

Request for Refund

Please complete and sign this form in order to release any credit balance that may be on your Bates student account. Refund requests received prior to Tuesday at 4:00 p.m. will be issued the following Friday. **Refunds will be issued for actual credit on account only; Bates College cannot advance refunds of monies not yet received.**

Student Name: _____ ID #: _____

Student Signature: _____ Date: _____

Parent Signature (if refund result of PLUS Loan): _____ Date: _____

Amount Requested: \$ _____

Please select one of the following:

Make Check Payable to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address: _____

OR

Campus Mailbox #: _____

For Office Use Only:

Approved Amount: \$ _____

Signature: _____ Date: _____