PETITION FOR REFUND

WASHINGTON STATE UNIVERSITY SPOKANE

Please complete and return to Enrollment Services, WSU Spokane, Academic Center 130, PO Box 1495, Spokane, WA 99210-1495.
Fax: 1-509-358-7538

STUDENT ID #_____ DATE_____ TEL. NO._____

NAME_____
(LAST) (FIRST) (MI)

MAILING ADDRESS_____
(STREET)

_____
(CITY) (STATE) (ZIP)

NAME OF FEE_____ SEMESTER_____

AMOUNT $ _____ PAID: ☐ YES _____ ☐ NO
(DATE PAID))

REASONS FOR THIS PETITION ARE: _____

PLEASE ATTACH ANY SUPPORTING EVIDENCE YOU FEEL IS RELEVANT.

_____
SIGNATURE OF STUDENT

==========**FOR OFFICE USE ONLY**==========

ACTION TAKEN: ☐ DENIED ☐ *APPROVED BATCH TYPE __ __ SUBCODE __ __ __ __ __ BATCH ID __ __ __ __

*IF APPROVED AND FEE HAS ALREADY BEEN PAID: ☐ YOU MAY PICK UP YOUR REFUND CHECK AT ENROLLMENT SERVICES.

☐ YOUR REFUND HAS BEEN APPLIED TO YOUR OUTSTANDING ACCOUNT.

DATE_____ SIGNATURE_____