



COLLEGE OF SOUTHERN IDAHO REQUEST FOR REFUND

NAME _____
 LAST FIRST DATE OF THIS REQUEST
 ADDRESS _____
 STREET _____
 CITY STATE ZIP STUDENT ID #

Class (es) dropped or complete withdrawal

REASON FOR THIS REQUEST: (explain in detail) _____

STUDENT'S SIGNATURE _____ DATE _____

- **INCOMPLETE FORMS WILL NOT BE PROCESSED.**
- **APPROVED REFUNDS (with the exception of Financial Aid) will be mailed to the student within approximately 10 days.**

OFFICE USE ONLY BELOW THIS LINE

SECTION NO. _____ PELL _____
 E/E DATE _____ SEOG _____
 RECEIPT NO. _____ LOAN _____
 CC / DP / CW _____ credits

AMOUNT PAID REFUND _____ %

_____ TUITION & FEES _____
 _____ MISCELLANEOUS _____
 _____ C/W FEE _____
 _____ TOTAL REFUND _____

APPROVED FOR CSI _____ AUTHORIZED SIGNATURE (BUSINESS OFFICE) _____

DATE OF APPROVAL _____ DATE OF APPROVAL _____

OFFICE REMARKS: _____

CHECK NO. _____ CHECK DATE _____