



Bursar Office
Pomeroy College of Nursing at Crouse Hospital
736 Irving Avenue Syracuse, NY 13210
P: (315) 470-7256 F: (315) 470-5774

Refund Request Form

If you have a credit on your student account, please complete the following information to request a refund. Refunds are only processed for received credit. You will not receive a refund if you have a "Pending Awards" (anticipated) credit on your student account. To check "Pending Awards" please go to: www.crousesonisweb.org, *Financials > Billing > Pending Awards*.

Student Name: _____

SONIS ID#: _____ Semester: **Fall/Spring/Summer**: _____ Year: _____

(Circle One)

Full Amount of Credit **OR** Lesser amount requested: \$ _____

Would you like the Bursar to wait until ALL semester credits have been received?

YES (If not selected, please be prepared to submit another refund request to be processed once any additional "Pending Awards" are received)

Make check payable to: Student **OR** Third Party

*If Third Party, complete the following: *Please Note – Federal Parent PLUS Loans will be refunded according to the parent borrower on the Federal PLUS Loan Application.*

Payee Name: _____

Payee Address: _____

Student Signature (required)

Date

Bursar Office Use Only:

Approve ___Yes ___No Date Approved / Disapproved ___/___/___ By: _____

Notes: _____
