



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: _____
