



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

Refund Request Form

Refunds are only issued for actual credit balances and cannot be granted based on anticipated financial aid. Please note, checks are processed in 7-10 business days. To view your balance, visit: <https://pconsonis.jenzabarcloud.com/> → Financials → Billing

***Student Name:** _____ ***SONIS ID#:** _____

***Semester** (Fall / Spring / Summer): _____ ***Year:** _____

***Amount:** Full Amount or Partial Amount: \$ _____

Process my check once all anticipated credits have been received.
(If not selected, an additional Refund Request Form must be submitted for any delayed funding)

***Make check payable to:** Student (Confirm or update your address in SONIS)

Third Party Payee (enter address below)
COMPLETE ONLY if check is to be made out to a Third Party:
**Please Note – Federal Parent PLUS Loans must be refunded according to the parent borrower on the Federal PLUS Loan Application.*

Payee Name: _____

Payee Address: _____

***Student Signature**

***Date**

***REQUIRED**