

REFUND REQUEST FORM

Last Name _____

First Name _____

Mville Email address _____

Student ID # _____

Phone Number _____

Please Note: Due to the COVID-19, refunds cannot be processed for pick-up or sent via mail. Please set up your refund for direct deposit at: https://secure.touchnet.net/C21007_tsa/web/login.jsp

Please Check One:

- _____ I have a credit on my account and would like a refund.
- _____ I have withdrawn from the college and would like a refund of any amount due to me.
- _____ I have taken a leave of absence from the college and would like a refund of any amount due to me.

Additional Options:

- _____ I wish to donate _____ from my refund balance to Manhattanville's Annual Fund.
- _____ I wish the credit to be applied towards my Perkins Loan Balance.

Please e-mail form to studentaccounts@mville.edu. Emailed forms must be sent from your Manhattanville email address.

_____ I acknowledge that I have read and understand all items on this form, that I have requested a refund from my student account at Manhattanville College, and that NO refund will be issued to me until the Office of Student Accounts has validated my request.

Please note refunds take 7 to 10 business days to be processed.

Student Signature _____ Date _____

If a parent is authorizing the disbursement of a credit balance related to a Parent PLUS Loan to his/her child, parent authorization is required. Please sign below.

Parent Signature _____ Date _____

Print Parent Name _____