



IEUP STUDENT REFUND REQUEST FORM

Before filing out this form, please review the full refund policy at TsengCollege.csun.edu/studentinfo/ieup-programpolicies

Note:

- 1. Application fees are nonrefundable.
- 2. All refunds will be made out to the original payee in original payment method.
- 3. If you are a sponsored student, please provide a copy of your financial guarantee along with the Refund Reguest Form.
- 4. Please allow at least 6–8 weeks for the refund once we have received all the required documents.

STUDENT'S LAST NAME		STUDENT'S FIRST NAME					
DATE OF REQUEST		STUDENT ID#					
PHONE	EMAIL						
WITH AREA CODE)	EW III						
REASON(S) FOR REFUND							
REQUESTED REFUND AMOUNT							
PLEASE INDICATE THE TERM AND TH	HE YEAR FOR THIS REFUND REQUEST						
☐ Spring ☐ Spring mid	l-entry ☐ Summer ☐ Fall	☐ Fall mid-entry	Year				
PLEASE INDICATE THE ORIGINAL PA	YEE						
☐ Student	REFUND ADDRESS						
	City		State/Province				
	Zip/Postal Code		Country				
	LAST NAME	1	FIRST NAME				
☐ 3rd party payee	BIRTH DATE		PHONE				
(other than the student)							
	EMAIL						
	REFUND ADDRESS						
	City		State/Province				
	Zip/Postal Code		Country				
	3rd party payee must provide th	ne following docume	ents along with this request:				
	1 '	-	ne refund to be issued to another party;				
			identification card with the student's signature;				
	 j proof of payment by th 	e third party (card a	authorization form, bank statement)				

OFFICE USE ONLY

TYPE	VERIFY ADDRESS	MOVE TO SPONSOR	REMOVE CHARGES	CREATE 3RD PARTY	LINK 3RD PARTY	FWD TO UCS	REMOVE SFB	SFB BACK ON	ADD SFB OTHER	ADD PERSON COMMENT	
STUDENT											
3RD PARTY											
☐ Approve	d	AMOUNT									
☐ Denied		REASON									
REVIEWED BY STUDENT SERVICE MANAGER							DATE	DATE			
ACCOUNTING APPROVAL							DATE	DATE			

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