



WESLEY

THEOLOGICAL SEMINARY

Business Office
4500 Massachusetts Avenue, NW • Washington, DC 20016
PHONE 202-885-8662 • FAX 202-885-8605
EMAIL businessoffice@wesleyseminary.edu

STUDENT REFUND REQUEST

Instructions:

1. Please submit request to the Business Office by **noon on Wednesday** for processing that week.
2. Checks will be available by **2 PM on Friday** of the same week unless during a holiday break or recess.
3. All checks will be mailed **only** to the student's legal/permanent home address or campus box.

Name _____ Wesley ID # _____

Address _____ Campus Box _____

_____ Phone _____

_____ Email _____

Amount of refund: \$, . or check here if amount is unknown: Entire Balance

Pay to: _____ Request date: / /

Send payment to: Home Address Campus Box Pick Up in Office

Please explain why you are requesting a refund (list related courses, fees, or deposits to be refunded):

Reason(s): _____

Note: By signing this voucher the student acknowledges that this refund is based on the availability of funds at the time this voucher was prepared. If additional charges are made, or if there is a reduction of financial aid resulting in an overpayment to you, the **amount owed must be paid to the Business Office within thirty (30) days.**

Student Signature _____
Date

THIS SECTION FOR BUSINESS OFFICE USE ONLY

_____ Approved by Director of Financial Aid (as needed)

_____ Approved by Student Accounts Coordinator

Controller Signature _____
Date

This form is available online at <http://www.wesleyseminary.edu/forms>