CGPS Refund Request Form

2019-2020

FAX: 603-899-4372 Email: osfs@franklinpierce.edu

Name: _____ ID # _____

☐ ALL TERMS	OR	☐ Term _____
Refund my entire credit balance* each term that I have credit after aid posts.		I request a refund in the amount of $ _____ or ☐ maximum amount available

Program: ☐ Undergraduate ☐ MBA/MEd/MSN ☐ DPT/MPAS

I understand and agree to the following:

- REFUNDS WILL BE MAILED TO THE ADDRESS ON FILE in the main university computer system. Note: to change the address on file, contact the Registrar's Office via phone: 603-899-4068 or via email: registrar@franklinpierce.edu
- A refund will not be issued until Student Financial Services has received the financial aid, alternative loan, and/or scholarship funds and a credit balance is created on my account. * Some funds may be held for future terms.
- I must be enrolled at least half time (three credits or more per term) to be eligible for a disbursement/refund for the term.

Signature: _____ Date: _____

(must be actual signature)

01/19