

**CLAREMONT McKENNA COLLEGE**  
**REQUEST FOR REFUND OF CREDIT BALANCE**

Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_

I hereby apply for a refund of the credit balance on my student account.

I understand the following:

- The amount of the refund can not include any outstanding Expected Aid that has not been received by the Office of Student Accounts.
- A credit balance resulting from the addition of a PLUS loan must be refunded to the parent *unless*, the parent gives written permission for the credit balance to be refunded to the student.
- Other than the above PLUS loan exception, all refund checks are made payable to the student on the account.
- Refund checks take 7 to 14 business days to process.
- All refund checks must be mailed and are not available to be picked up.

I also understand that I am responsible to pay for any additional charges added to my student account after the refund.

Signature: \_\_\_\_\_ Address: \_\_\_\_\_

Amount of Refund: \$ \_\_\_\_\_ City: \_\_\_\_\_

Date: \_\_\_\_\_ State, Zip Code: \_\_\_\_\_

**Remit directly to the Office of Student Accounts, scan and email signed copy  
to Student\_Accounts@cmc.edu.**