

LINCOLN UNIVERSITY

REQUEST FOR REFUND

Please complete the form below with the required details. **Incomplete forms will not be accepted.** If you wish to receive your refund via wire transfer, please ensure the second page of the form is also completed.

Name: _____ Date: _____

Check Payable To: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

Tel: _____ Financial Aid: YES ☐ NO ☐ SSN: _____

Check delivery by: ☐ Mail ☐ Pick up

I, undersigned, request a refund of \$_____, a credit balance of my student's account (which is to be confirmed by the accounting office for the following reasons:

Please indicate the appropriate item.

() A. Credit Balance –Class (es) dropped on change in Registration from

for semester: _____

() B. Credit Balance—Overpayment Misc.

() C. Class cancelled----Course title: _____

() D. Other –Please Specify: _____

Signature: _____

Date: _____

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Please note that a \$40 fee applies for processing refunds via wire transfer.

RECIPIENT BANK DETAILS:

- Bank Name: _____
- SWIFT/BIC Code: _____
- IFSC Code (Indian Financial System Code): _____
- Routing Number: _____
- Bank Address: _____
- City: _____
- Postal Code: _____
- Country: _____
- Account Holder Name: _____
- Account Number: _____
- Recipient Type (Business or Individual): _____

RECIPIENT PERSONAL DETAILS:

- Full Name: _____
- Street Address: _____
- City: _____
- Province/Region, Country: _____

Recipient Signature: _____

Date: _____