

UG Plus Loan Refund Request Form

Student Name: _____

ID#: _____

Phone Number: _____

Date: _____

Refund Semester: _____ Fall _____ Spring _____ Summer

Amount of Refund: _____

Parent's Name: _____

Address You Would Like Your Check Sent To:

Student Signature: _____

Student Accounts Approval: _____

Do Not fill out this form if you have signed up for eRefund