WASHINGTON ADVENTIST UNIVERSITY

STUDENT ACCOUNT CREDIT REFUND CHECK REQUEST

Read and initial each line:

1. **_____ I understand that I am responsible for completing at least twelve (12) credit hours per semester in order to receive the full amount of financial aid.**
2. **_____ I understand that if I drop below (12) credit hours within an awarded semester, financial aid will be returned to the lender and I must pay any balance owed to Washington Adventist University.**
3. **_____ I understand that my financial aid award letter is for funding my education. If I withdraw the total credit on my account, I must use other means to pay my tuition.**
4. **_____ I understand that no special arrangements will be made for me if I withdraw the credit balance on my account.**
5. **_____ I understand that I am responsible for monitoring the status of my WAU account and keeping it current. Charges posted to my account after I have withdrawn the credit are my responsibility.**

CHECKS ARE PROCESSED WITHIN FIVE (5) BUSINESS DAYS

Name_____ WAU ID#_____
(Do Not Use SSN#)

Contact#_____

Address_____
City State Zip

$_____
AMOUNT REQUESTED
(**Completed by Student Accounts ONLY**)

Options for submitting:
In Person
By Fax (301) 576-0115
From Student WAU email

_____ _____
Signature Date

☐ Pick-Up ☐ Mail to Address Above

For more information, please contact Student Accounts at 301-891-4210
7600 Flower Avenue
Takoma Park, MD 20912
Email: studentaccount@wau.edu
Fax: (301) 576-0115

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Approved by Student Accounts