

Student Request for Refund of Fees

Updated: December 16, 2025

Student Information

Student Name (Last, First, MI): _____

T Number: _____ Term: _____

Student Email Address: _____

Student Signature: _____

Date: _____

Type of Refund Requested

Please select one:

100% refund

75% refund

25% refund

Reason for Request

This request is due to (select one):

Withdrawal from the University

Dropping the following course(s):

Course 1: _____

Course 2: _____

Course 3: _____

Provide a detailed explanation for the basis of this request and attach any supporting documentation. Be sure to list the last date of class attendance. Use an additional page if more space is needed.

Administrative Review (For Office Use)

Refund Recommended:

100% 75% 25%

Approved Denied

Representative for Business & Fiscal Affairs: _____

Date: _____

Fee Refund Committee Chair: _____

Date: _____

Submission Instructions

Requests are reviewed in accordance with TBR guidelines, which may limit some exceptions being granted. Exceptions will be reviewed only with proof of extenuating circumstances.

Please return the completed form and supporting documentation to the Business Office, window number 4.