



# INTERNATIONAL TECHNOLOGICAL UNIVERSITY

## STUDENT REFUND REQUEST

Please complete and submit to the Accounting Office (Please print)

Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

Name: \_\_\_\_\_

(First)

(Last)

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

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Request of Refund:

- Tuition Overpayment
- Withdrawal from classes/school
- Student Referrals
- Semester Credit
- Other (please specify) \_\_\_\_\_

\*Please note that refunds are not available immediately. Please allow 1-3 weeks after submission of this form for your refund to be processed. Students with payment plan will not receive their refund until after all checks have been cleared/deposited.

FOR OFFICE USE ONLY

Approval Refund Amount: \_\_\_\_\_

Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_

355 W. San Fernando Street, San Jose, CA 95113

[www.ITU.edu](http://www.ITU.edu)