



# ITU

**International Technological University**

2711 North First Street - San Jose, CA 95134

Phone (888) 488-4968

www.itu.edu

## STUDENT REFUND REQUEST FORM

To be completed by all students requesting a refund.  
All relevant fields **MUST** be completed or this form **will not be accepted.**

### Part A – Student Information

Student ID #:	Full Name:
Address Line 1:	
Address Line 2:	
Telephone #:	Email:

### Part B – Refund Reason

<input type="checkbox"/> Dropped Classes
<input type="checkbox"/> Overpayment
<input type="checkbox"/> Health Insurance Waived
<input type="checkbox"/> Other - please specify:

### Part C – Original Payment Method

<input type="checkbox"/> Check, Cash, Money order or E-Check
<input type="checkbox"/> Credit card
<input type="checkbox"/> Flywire / Wire Transfer (For wire transfer, please provide original payment account information).

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

#### **Important Notes:**

- Credit card payments will be refunded to the credit card account. A refund check will be issued if we are unable to refund to the credit card account. Cash, check, or e-check payments will be refunded via check.
- Flywire and wire transfer payments will be refunded to the original account. The process can take up to 3 months.
- Submission of this form does not guarantee eligibility for a refund.
- **PLEASE ALLOW 3-5 WEEKS OF PROCESSING.**

#### **FOR OFFICE USE ONLY:**

Received Date: _____	Refund Amount: _____
Received by: _____	Approved by: _____
Remarks: _____	Approved Date: _____

Last updated 3/30/2017