Student Check Request

Please Read the Check Request Policy:

- Submit completed form to the Billing Office, or fax to (417) 865-9599.
- Requests cannot be processed until there is excess money on your student account, the drop/add period is over, **AND** the balance is paid in full.
- If you have a PLUS loan, credit balances will be refunded to the parent borrower first.
- Institutional aid is never refundable.
- **Any credit balance left on your account at the end of the semester will be applied to next semester's charges first and will no longer be available for a refund.**

Name _____ **Date**_____

Student ID # _____**(ie: X000 00X XXXX) Phone**_____

Check one program:

- ☐ Traditional Undergraduate
- ☐ Adult Studies
- ☐ Graduate Studies
- ☐ AGTS

Are you graduating this semester?

- ☐ Yes – If yes, $100.00 will be retained for the graduation fee if not already withheld.
- ☐ No

How would you like to receive your check?

- ☐ PICK UP within 21 days of issue from the Billing Office (After 21 days, it will be mailed to the home address we have on file.) Office Hours: Mon-Fri 8:00am-4:30pm.

OR

- ☐ MAIL check to off campus address (**NOTE: Checks are not mailed to dorms):**

Payable to: _____

Address: _____

City, State, Zip: _____

IMPORTANT: By signing this document, you are requesting a refund of <u>ALL</u> refundable credit on your student account.

Student Signature _____**Date**_____

	<u>For Billing Office Only</u>
Term: _____	Credit Amount _____
	Adjustments _____
	==========
	Refund Amount _____