



# Evangel University

## Student Check Request

**Please Read the Check Request Policy:**

- Submit completed form to the Bursar’s Office, fax to (417) 575-5487, or email to [bursar@evangel.edu](mailto:bursar@evangel.edu)
- 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.
- Military tuition assistance funds are not refundable in accordance with DOD regulations.
- **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 # \_\_\_\_\_ (i.e.: X000 00X XXXX) Phone \_\_\_\_\_

**Check one program:**

- Traditional Undergraduate
- Adult Studies **(All checks will be mailed)**
- Graduate Studies **(All checks will be mailed)**
- AGTS **(All checks will be mailed)**

**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? (Traditional Undergraduate students only)**

- PICK UP within 21 days of issue from the Bursar’s 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 ALL refundable credit on your student account.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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