STUDENT FINANCIAL SERVICES
Wellesley College

Office of Student Financial Services
106 Central Street - Room 141
Wellesley, MA 02481-82
Phone: (781) 283-2456
Fax: (781) 283-3636
stuaccts@wellesley.edu

Refund Request Form

Please complete the following. Please Type

Full Name of Student (Last Name First)

Wellesley ID#

Name of Second Party, if Check is to be jointly payable (OPTIONAL)

Check will be mailed to the address provided below

Number, Street, P.O Box

Unit, Apartment

City

State Zip -

Province or Country

Phone - -

Requested Amount:

_____

Reason for refund: (Please check all boxes that apply.)

- ☐ Overpayment
- ☐ Withdrawal- Date of Withdrawal _____
- ☐ Leave of Absence - Date of Leave _____
- ☐ Medical Insurance Waiver
- ☐ Loans
- ☐ Study Abroad - Location_____
- ☐ Other_____

☐ Will Pick Up - Be sure to provide a telephone number

Signature Date

_____ _____