



APPLICATION FOR REFUND OF TUITION AND FEES FORM
Student Financial Services
FHAC Suite G7
Tallahassee, Florida 32307
Phone: 850-561-2949 - Fax: 850-599-8618 - Email: studentaccountsdocs@famuedu

Print Full Name: _____, _____ Student ID: _____
(Last) (First)

Term/Year: _____ Email Address: _____

Phone Number: _____ Financial Aid Received? [] YES [] NO

Reason for Refund Request (please check one)

- Illness of a student of such severity or duration, as confirmed in writing by a physician, to preclude completion of the course(s).
Death of the student or death in the immediate family (parent, spouse, child, or sibling).
Involuntary call to active military duty.
A situation in which the University in in error.
Other: _____

Formal application must be made for a refund or other appeal action. This form must be submitted (with supporting documentation) to Student Financial Services at studentaccountsdocs@famuedu within six (6) months of the close of the semester in which the refund or other appeal action is applicable.

Please note: A separate committee from the Retroactive Withdrawal Committee will consider your application for tuition refund. You will be notified via mail upon the decision of the committee.

Student's Signature: _____ Date: _____

FOR OFFICIAL USE ONLY

Approved _____ Denied _____

Committee Signature: _____ Date: _____