



'LQLQJ 'ROODU 5HIXQG 5HTXHVV
7R %H &RPSOHWHG (QG RI)DOO 6HPHVWH

To receive a refund, complete this form and email to card-dah@uncg.edu
Please allow up to 8 weeks for processing.

Name (First) _____ (MI) _____ (Last) _____

Telephone Number _____

Email Address _____

Mail a refund check to the following address:

SIGNATURE _____ DATE _____

Refund Eligibility Criteria

- x Students: Account balances may be refunded upon withdrawal from all classes
RUUDGXDWLRQ
- x \$Q\ RWKHU H[FHSWLRQ ZLOO UHTXLUH VSHFLDO DSSURYD

