



2009-2010, Refund Instruction Form
Office of Financial Aid, Providence College

Harkins Hall 215
One Cunningham Square
Providence, RI 02918
(p) 401-865-2286
(f) 401-865-1186
(e) finaid@providence.edu

Please complete side one and return to the Office of Financial Aid.

SECTION 1: STUDENT CONTACT INFORMATION

Student Name _____ Banner ID Number _____
Home Mailing Address _____
City _____ State & Zip _____ Phone Number _____
Primary Email Address _____

SECTION 2: PROGRAM INFORMATION

Name of Institution attending _____
Name of Program _____
First Day of Class _____
Semester attending _____ Fall _____ Spring _____ Fall & Spring _____ Summer

SECTION 3: REFUND INSTUCTIONS

_____ I would like my financial aid to be transferred directly to the program named above (*study abroad only*)

Check Payable to: _____

Address: _____

_____ I would like my financial aid be transferred directly to my parent/guardian/myself

Check Payable to: _____

Address: _____

SECTION 4: CERTIFICATION

Please refund the credit balance on my student account as specified above. I understand that any federal, state and/or alternative financing that I have received or applied for cannot be transferred per my instructions until the money is actually received from the agency administering those programs. In addition, I understand the amount specified above may be less if funding has changed since the time this form was complete or additional charges have been incurred at the home institution.

Student Signature _____ Date _____

Bring to the Office of Financial Aid to complete sections 5 & 6!

SECTION 5: FINANCIAL AID INFORMATION

Type of Fund	Gross Amount	Approximate Disbursement			Net Amount		
		Date			Fall	Spring	Summer
		Fall	Spring	Summer			

Fall Total \$ _____

Spring Total \$ _____

Summer Total \$ _____

Estimated Charges at Providence College
(study abroad fee, unfulfilled housing contract, etc.) \$ _____

Balance available for transfer \$ _____

Amount to be sent to host school
(per student instructions) \$ _____

Amount to be sent to parent/student
(per student instructions) \$ _____

SECTION 6: CERTIFICATION

Financial Aid Officer's Name _____ Date _____

Financial Aid Officer's Signature _____ Phone _____

Fax _____ Email _____