



ITU

International Technological University

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www.itu.edu

STUDENT REFUND REQUEST FORM

To be completed by all students requesting a refund.
All relevant fields **MUST** be completed or this form **will not be accepted.**

Part A – Student Information	
Student ID #:	Full Name:
Address Line 1:	
Address Line 2:	
Telephone #:	Email:

Part B – Refund Reason
<input type="checkbox"/> Dropped Classes
<input type="checkbox"/> Overpayment
<input type="checkbox"/> Health Insurance Waived
<input type="checkbox"/> Withdraw from University
<input type="checkbox"/> Other - please specify:

Part C – Original Payment Method
<input type="checkbox"/> Check, Cash, Money order or E-Check
<input type="checkbox"/> Credit card
<input type="checkbox"/> Flywire

Signature: _____ Date: _____

Important Notes:

- Credit card payments will be refunded to the credit card account. A refund check will be issued if we are unable to refund to the credit card account. Cash, check, or e-check payments will be refunded via check.
- Flywire payments will be refunded to the original account.
- Submission of this form does not guarantee eligibility for a refund.
- **PLEASE ALLOW 3-5 WEEKS OF PROCESSING.**

FOR OFFICE USE ONLY:	
Received Date: _____	Refund Amount: _____
Received by: _____	Approved by: _____
Remarks: _____	Approved Date: _____

Last updated 2/2/2018