RAMAPO COLLEGE OF NEW JERSEY

STUDENT REFUND WAIVER FORM

STUDENT'S NAME (Please Print) _____

STUDENT'S ID NUMBER: **R**_____

- I am aware that my account has a credit balance and I am entitled to a refund.
- I hereby request that the credit balance on my account be held and applied to future charges.
- I understand that by signing this waiver, a Refund Hold Flag will be placed on my account which will prevent a refund from being generated.
- I understand that this Refund Hold Flag will automatically be removed at the end of the fiscal year (June 30) in which this agreement was signed.
- I understand that I may opt to have the Refund Hold Flag removed from my account at any time by completing the bottom of this form.

_____ _____

Student's Signature Date Bursar's Office Designee Date

REFUND HOLD FLAG REMOVAL REQUEST

I hereby request that the Refund Hold Flag be removed from my account which will entitle me to receive a refund if my account has a credit balance.

_____ _____

Student's Signature Date Bursar's Office Designee Date

(revised 5/1/08)