



OFFICE OF STUDENT ACCOUNTS
RAMAPO STUDENT REFUND WAIVER – SPRING CREDIT TO PRIOR WINTER TERM

STUDENT’S NAME _____ ID NUMBER R _____
RAMAPO EMAIL _____ PHONE # _____

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 for the spring _____ term be held and applied to my winter _____ term 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 the Refund Hold Flag will automatically be removed from my account at the end of the current fiscal year, June 30, 20_____.

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.

I acknowledge and understand that if, for any reason, my financial aid award is reduced, removed or does not disburse, I will be responsible to pay the outstanding balance on my account in full by the date the Office of Financial Aid makes adjustments, if any, to my spring financial aid. If payment in full is not received by that date, I understand that RCNJ has the right to assess late fees to my account and/or send my account to an outside collection agency, which could affect my credit.

Student’s Signature _____ Date _____ Office of Student Accounts Designee _____ Date _____

Refund hold flag REMOVAL request

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

Student’s Signature _____ Date _____ Office of Student Accounts Designee _____ Date _____

OFFICE USE ONLY

- Codes: HRFO – Hold fall credit and apply to spring ONLY
HRSO – Hold spring credit and apply to summer ONLY
HRFS – Hold both fall credit AND spring credit

Please return this document to the Office of Student Accounts at studentacct@ramapo.edu or drop off at building D ground floor. If you have additional questions regarding this application, please contact the Office of Student Accounts at (201) 684-7495.

This form must be signed electronically using Adobe. For assistance on how to sign this form, please follow these steps: NEED TO LINK