

Refund Request Form

Please complete the following and return to:
Office of Summer Session/Winter Session
1401 East University Blvd.
Administration Building 221G
P.O. Box 210066
Tucson, AZ 85721-0066

All refund requests must be submitted in writing. Your request will be approved or denied based on the reason for the request and the supporting documentation. You will be notified in writing (via UA email), of the final decision.

Date: _____ Student ID Number: _____

Student Name: _____

Local Address: _____ Zip: _____

Local Phone: _____ Email: _____

Course Number: _____ Session: Summer Winter

How did you drop your course? UAccess Change of Schedule Form

*Notes: Course **must** be officially dropped
Refunds cannot be issued on courses in which a grade has been given
Back up documentation is needed to support reason for request*

Please use the space provided below to explain why you think your situation entitles you to a refund after the published refund deadline. *Extenuating circumstances such as illness or death in the immediate family require additional documentation, i.e., medical excuse from attending physician or death certificate. Requesting a refund for only one course using a medical/death excuse is not acceptable. ALL courses for the session in which the refund is requested must be dropped in order to request a medical or death emergency refund.*

Please use reverse side if additional space is required.

Office use only:

Date Received	Approved	Denied	Letter to student	Memo to Bursar
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