FLORIDA STATE UNIVERSITY

University Refund Committee Petition

Revised 10/7/2008

Please note: Refund request must be submitted within six (6) calendar months from the end of the term from which you withdrew.

Last Name	First Name	Middle Initial	FSUID	FSUSN

Street Address	City	State	Zip

Email Address	Phone Number	Petition Year	Petition Term

Please explain in detail and attach documentation to substantiate your claim. You may attach additional pages, if necessary.

Student's Signature _____ Date _____

Please send to:

University Refund Committee
Office of the University Registrar
A3900 University Center
282 Champions Way
P.O. Box 3062480
Tallahassee, FL 32306-2480.