



FLORIDA STATE UNIVERSITY

University Refund Committee Petition

Revised 3/7/2014

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
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
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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.