

STUDENT ASSOCIATION FEE

Partial Refund Form

Refunds available for up to thirty business days into the semester

CHECK CRITERIA THAT APPLIES

(Only one refund is given. In the event that you qualify for more than one refund, the higher percentage will be awarded)

I am married (proof of marriage required)—(25%) _____

I have a child under the age of 18 (birth certificate required for 1 child who is under the age of 18)—(50%) _____

I am an online student that lives more than 175 miles from the Angell College Center (proof of residency required)—(50%) _____

Location: _____ Distance from Angell College Center: _____ miles

Student Teaching/Academic Field Work/Internships—must reside at least 50 miles from the Angell College Center for at least $\frac{3}{4}$ of the days of a semester (proof of residency required)

Please circle one of the following options if you qualify:

Student Teaching Academic Field Work Internship

Location: _____

Distance from Angell College Center: _____ miles

I will live between 50-175 miles from the Angell College Center (25%) _____

I will more than 175 miles from the Angell College Center (50%) _____

I am studying abroad in a foreign country (must be registered at SUNY Plattsburgh, and must submit an enrollment verification)—(75%) _____

Location: _____

Hardship (% determined on case to case basis by SA President and Vice President for Finances, documentation that shows hardship required) _____

Withdrawal from University (% determined based on when application is submitted, withdrawal notification from College required) _____

ATTENTION: WE WILL NOT PROCESS YOUR REFUND WITHOUT A COPY OF YOUR BILL FROM STUDENT ACCOUNTS STATING THE AMOUNT OF YOUR STUDENT ASSOCIATION FEE!

(Please Print)

NAME: _____ **PHONE:** _____

ADDRESS: _____

BANNER ID#: _____

EMAIL: _____

RETURN THIS FORM ALONG WITH PROOF OF YOUR CLAIM AND YOUR BILL FROM THE STUDENT ACCOUNTS OFFICE TO:

Student Association
Angell College Center-Room 203
101 Broad Street
SUNY Plattsburgh
Plattsburgh, NY 12901

If you should have any questions, please call (518) 564-3200

Office Use Only

Refund Percentage: _____ Amount to be Refunded: _____

Updated August 3, 2009