

REFUND REQUEST FORM
For Academic Leave of Absence

STUDENT CONTACT INFORMATION:

Name: _____ Bard ID#: _____

E-mail Address: _____ Phone#: _____

HOST SCHOOL INFORMATION:

Name of Host Institution: _____

Period of Academic Leave of Absence: _____

First Day of Class: _____

COMPLETE THIS SECTION IF FUNDS ARE TO BE SENT TO YOUR HOST INSTITUTION:

Payable To: _____ Amount Requested: \$ _____

Address: _____

COMPLETE THIS SECTION IF FUNDS ARE TO BE SENT TO YOURSELF OR ANOTHER PERSON OTHER THAN YOUR HOST INSTITUTION:

Payable To: _____ Amount Requested: \$ _____

Address: _____

Please refund the credit balance on my student account as specified above.

Student Signature: _____ Date: _____

Return completed form to: Bard College, Office of Financial Aid, P.O. Box 5000, Annandale NY 12504
Or via fax 845-758-7336