

**THE UNIVERSITY OF MICHIGAN – DEARBORN  
STUDENT FEE REFUND REQUEST**

Date: \_\_\_\_\_ Dept. Ref. #: \_\_\_\_\_

Name: \_\_\_\_\_ I.D.#: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Term: \_\_\_\_\_  
(If applicable)

Disbursement: Pick up at Cashier's \*  Mail

\*Please allow one week for preparation of check.

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**DEPARTMENT USE ONLY**

Shortcode (Account, Fund, Dept, Prog, Class) Amount of Refund:

Transcript 239680 (414350, 10000, 993000, 76700, ) \$ \_\_\_\_\_

Late registration fee 239640 (414800, 10000, 993000, 76710, ) \$ \_\_\_\_\_

Application fee 239605 (413375, 10000, 993000, 76860, ) \$ \_\_\_\_\_

Photo ID replacement 942865 (414350, 52000, 929050, 11572, 92320) \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_  
(Explain)

Total Refund \$ \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Dept. Phone No.: \_\_\_\_\_

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**CASHIER'S USE ONLY**

Check No.: \_\_\_\_\_

Teller's Initials: \_\_\_\_\_

Date check sent or picked up: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_