Health Fee Refund Petition Form

Please complete the following form, attach any pertinent documentation and send to Amy Chadwick, PO Box 642302, Pullman, WA 99164-2302 or fax# 509-335-8214. Credits to your account may take up to 2 weeks.

Name

WSU#

Phone number

Email address

Section A

Refund for what semester?  Year_______  □ Fall  □ Spring  □ Summer

Section B

Reason for refund?

☐ WSU faculty/staff

☐ Internship out of area - list which City & complete Section C below________________________

Dates you will be out of area__________________________________________

☐ Other class work that requires you to be out of area (complete Section C below)

Dates you will be out of area__________________________________________

☐ Other (please explain in detail)__________________________________________

__________________________________________

Signature:  Date:

Section C (to be completed only by Department sponsoring Internship Program or other required coursework out of area)

The following confirmation is required from WSU Department/Program

As a WSU Official, I hereby confirm the above information to be accurate.

______________________________  ___________________________

Name  Title  Date

Signature  Department  Phone Number

Section D  For business office use only:

☐ Approved

Signature:  __________________________

☐ Denied

Date:  __________________________

Reason:  ________________________________________________

__________________________________________