



REQUEST TO LEAVE CREDIT ON STUDENT ACCOUNT

Student Number:	Student Name:
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PLEASE KEEP THE CREDIT ON MY ACCOUNT FOR THE FOLLOWING PERIOD:
(CHECK ONE)

- The Semester/Academic Year _____ (Fall, Winter, Summer, 2003/2004, etc.)
- Until I request a refund. (Please allow 3 working days for processing a refund.)
- Other _____
- Permanently

Student Signature:	Date:
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Since this is the student's account, the request must be made by the student.

Questions? Please contact: University of Missouri-Columbia Cashiers, 15 Jesse Hall, Columbia, MO 65211, Attn: Refunds, 573-882-3745

This form may be faxed to UMC Cashiers at: 573-882-4453