

**Harvard Graduate School of Education  
Financial Aid Office  
REFUND REQUEST FORM**

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Harvard ID#

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
SS#

\_\_\_\_\_  
Apartment #

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
City / State / Zip Code

● **Please note the reason you expect a credit balance:**

- Approved Alternative Loan (such as MEFA Loan, NellieMae, Excel, CitiAssist, etc)
- Increase in Direct Loans/Stafford or Perkins Loans
- Outside Award payment
- Health Fee Waiver
- Tuition Assistance Plan credits (TAP)
- Americorps (National Service Award)
- Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

● **When my refund check is ready, please (check one):**

- Mail it to me (FASTEST OPTION)       E-mail me, I will pick it up       Call me, I will pick it up

● **I understand the following:**

- The refund process may take up to 5 business days
- Refund checks will only be processed if I have an actual credit balance on my account. (e.g. TAP credits, health fee waivers)
- Charges (such as rent, board, pharmacy charges, library fines, parking, etc.) placed on my account after the date my refund is calculated by the Financial Aid Office are my responsibility.
- I am responsible for the repayment of any funds disbursed through errors identified at a later date by either party.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For Office Use Only**

Refund Amount \_\_\_\_\_ Authorized by \_\_\_\_\_ Date \_\_\_\_\_