Refund Request

Name: ______________________________________ Student ID #_________

Address: ___________________________________________________________________________

City: _____________________________ State: ________ ZIP: ____________

Daytime Telephone Number: ________________________________________________

Student Signature: _____________________________ Date: ________________

- Should you need to update your mailing address, please send an e-mail to the Registrar’s Office: registrar@marymount.edu

- Payments made by credit card within the last six months will be refunded to the originating card. After six months, a check will be issued.

- Refund for payment made by personal check requires a 21-day waiting period after the check is received.