



**Office of Student Accounts  
Student Account Refund**

Date: \_\_\_\_\_ Semester \_\_\_\_\_

Print Name: \_\_\_\_\_

TCNJ Student #: \_\_\_\_\_

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_

TCNJ E-Mail Address: \_\_\_\_\_ @ \_\_\_\_\_

**Request for credit balance to be refunded:**

Housing Adjustments

Meal Plan Change

Overpayment

Private Scholarships

Withdrawal from Classes  
Date of Withdrawal: \_\_\_\_\_

Withdrawal from Campus Housing  
Date of Withdrawal: \_\_\_\_\_

Other: \_\_\_\_\_

*I understand that credits on my account due to the anticipated payment of my bill through the AMS program are not eligible for a refund.*

*I understand that if my financial aid packet changes, The College of New Jersey will reverse the refund. The College will be entitled to collect the sums due utilizing all remedies that are available to collect any obligations owed to The College of New Jersey. A collection fee of up to 33% may be assessed on the outstanding balance.*

*Note: All refund checks will be mailed to the student's permanent home address. To review your permanent address to the TCNJ website <http://tess.tcnj.edu>*

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