

**UNIVERSITY OF ST. MARTIN
REFUND FORM**

Date: _____

Student Name: _____ ID#: _____

Address: _____

Name of Course: _____ Section: _____ Semester: _____

No. of classes attended: _____

Last day of attendance: _____

Reason for drop: _____

Refund amount: _____ (00-1300 DR)

Student's signature

Date

Business Office Signature

Date:

*Post to student's account