



UNIVERSITY OF SASKATCHEWAN

Student Accounts REQUEST FOR REFUND

Student Number: _____

Student Name: _____

Email Address: _____

Mailing address, please indicate here

Note: To confirm addresses currently on record, visit My Contact Information (address icon) in PAWS. Make any necessary address changes in PAWS prior to submitting this form.

Date of Request

Student's Signature

Note: Refunds requested during peak periods (October or February) may take up to three weeks to process. For currently registered students, credit balances will only be refunded after the payment deadline date each term. Credit balances will be refunded to the original method of payment (i.e. Canada Student Loans, credit cards).

Drop off or mail the form when completed to Student Accounts:

**University of Saskatchewan
Administration Bldg. Rm E40
105 Administration Place
Saskatoon SK S7N 5A2
Tel: (306) 966-4595
Fax: (306) 966-8306**

For Office use only

Date refund issued: _____

Received by (name): _____

Amount: \$ _____