



REFUND REQUEST FORM

(Please Print Legibly)

Date: _____ Name: _____
Last First M

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ E-mail _____

Status: (Please check one)

- o NKU Employee
NKU Alumni
NKU Student
NKU Community/Public Member
Other

Refund Requested for:

- o Membership (Member Name _____ CR/ISO # _____)
Program _____ Child's Name (if applicable) _____
Other _____

Reason for Refund Request: _____

I understand that this is only a request for a refund. ALL REFUNDS (EXCEPT FOR PROGRAM CANCELLATIONS) WILL BE ASSESSED A \$50 PROCESSING FEE. Member will receive 50% of purchased item amount. No refunds will be issued for items that cost less than \$60. Refunds will only be issued to the individual who purchased the item/s.

To withdraw from class/program, a Refund Request Form must be received by the Membership and Business Services office prior to the second class meeting. Refund requests for memberships will be considered on a case by case basis. Refund will be subject to a monthly pro-rating from date of purchase based on the date of request.

Signature _____ Date _____ By: Staff Member Name _____ Date _____

Office Use Only
ALL REFUNDS MUST BE VERIFIED AND AMOUNT APPROVED BY FISCAL OFFICER (OR FISCAL OFFICER DELEGATE) BEFORE ANY REFUND IS APPROVED AND PROCESSED.
Refund Approved: [] Yes [] No
Refund Approved By: _____ Date _____ Amount: \$ _____
Reason for Refund Approval or Non-Approval:

