



## Refund Request Form

Please complete and return this form to direct the disbursement of your funds.

**Mail:** Student Receivables Office  
1500 Illinois Street  
Golden, CO 80401

**Fax:** 303-273-3278

**Email:** [sturecv@mines.edu](mailto:sturecv@mines.edu) (electronic signature not accepted,  
please scan signed form and email as attachment)

**Student Full Name:** First  Middle  Last

**Date:**

**CWID:**

**Telephone Number:**

☐ **My Local Mailing Address is correct in Trailhead**

☐ **Issue a refund for the full credit balance on my account.**

\*Changes made to the student account after a refund check has been issued, are the student's responsibility. If an additional credit balance becomes available , a new Refund Request Form must be submitted. If an additional balance due to CSM results, the student is responsible to remit payment immediately.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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**\*\*For office use only\*\***

**Amount: \$** \_\_\_\_\_

**Date:** \_\_\_\_\_

**By:** \_\_\_\_\_