University at Buffalo
Student Accounts

Refund Request-Excelsior

Return form to: University at Buffalo
Student Accounts at 1Capen
Capen Hall
Buffalo, NY 14260
Phone: 716-645-1800 Fax: 716-645-7771
UBstudentaccounts@buffalo.edu

Scholarship Information

Student currently has anticipated aid for (please check all that apply): Refund requested for:

_____Excelsior Scholarship Estimate _____ Excelsior Tuition Credit Estimate _____Spring _____Fall

Student eligibility for the Excelsior scholarship may change over time and the adjustment of tuition and other awards may result in the student owing a balance to the university as a result of this refund. Any amount owed after adjustment of the financial aid awards will be billed to the student. Students receiving the Excelsior scholarship are urged to consult with a Financial Aid and/or Academic Advisor before submitting a refund request. Please be advised that Excelsior refunds will not be processed until after the fifth week of class.

Student Information

Full Name: _____
Last First M.I.

Permanent Address: _____
Street Address

_____
City State Zip Code

Home Phone: _____ UB Person Number: _____

Email Address: _____@buffalo.edu

Certification and Signature

I understand that by requesting this manual refund, I acknowledge that it is based upon the anticipated Excelsior Scholarship and Excelsior Tuition Credit that I am currently eligible to receive. I also acknowledge that my meeting the criteria to receive this scholarship is subject to change, potentially as late as the following summer. I understand that at a later time (in this or a future semester), if my Excelsior award amount is reduced or goes to zero, I will be responsible for repaying the amount that is being refunded today. I understand that this refund is only available in check form and cannot be direct deposited.

Please note, checks will be sent to the residence hall or local address listed in HUB while classes are in session. During semester breaks, refund checks will be mailed to the permanent address listed in HUB. For timely receipt of the refund check, be sure to verify all address information is current.

By signing this form, I accept that if I no longer meet the criteria to receive the Excelsior Scholarship and Excelsior Tuition Credit or if the award amount is reduced, my student account will be adjusted and I will owe this refund back to the university.

Signed: _____Date:_____
student signature

Office Use Only-Student Accounts

Received: _____ Processed by:_____ Amount $_____ Date: _____