Health Fee Refund Petition Form

Please complete the following form, attach any pertinent documentation and send to Amy Chadwick, PO Box 642302, Pullman, WA 99164-2302 or fax# 509-335-8214. Credits to your account may take up to 2 weeks.

<table>
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<tr>
<th>Name</th>
<th>WSU#</th>
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<th>Phone number</th>
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Section A

Refund for what semester? Year_______
- ☐ Fall
- ☐ Spring
- ☐ Summer

Section B

Reason for refund?
- ☐ WSU faculty/staff
- ☐ Internship out of area - list which City & complete Section C below
  Dates you will be out of area
- ☐ Other class work that requires you to be out of area (complete Section C below)
  Dates you will be out of area
- ☐ Other (please explain in detail)
  ____________________________________________
  ____________________________________________

Signature: __________________________ Date: _______________

Section C (to be completed only by Department sponsoring Internship Program or other required coursework out of area)

The following confirmation is required from WSU Department/Program

As a WSU Official, I hereby confirm the above information to be accurate.

Name __________________________ Title __________________________ Date _______________

Signature __________________________ Department __________________________ Phone Number __________________________

Section D

For business office use only:

- ☐ Approved Signature: __________________________ Date: _______________
- ☐ Denied Reason: ______________________________________________________
  ______________________________________________________
  ______________________________________________________

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