

### 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.

Name	WSU#
Phone number	Email address
Section A	
Refund for what semester? Year _____	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
Section B	
Reason for refund?	
<input type="checkbox"/> WSU faculty/staff	
<input type="checkbox"/> Internship out of area - list which City & complete Section C below _____ Dates you will be out of area _____	
<input type="checkbox"/> Other class work that requires you to be out of area (complete Section C below) Dates you will be out of area _____	
<input type="checkbox"/> 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	<b><i>For business office use only:</i></b>
<input type="checkbox"/> Approved	Signature: _____
<input type="checkbox"/> Denied	Date: _____
Reason: _____	
_____	