

Student Refund Request:

To be completed by the Lone Star College student requesting a refund.
Please review LSC Board Policy and Procedures for Tuition and Fees
(Section VI.B)



Student Name: _____

Student ID: _____

Semester and Year: _____

I am requesting a (choose one of the following):

- FINANCIAL AID REFUND GENERAL REFUND

If you selected **Financial Aid Refund**, you must provide this form to the Financial Aid Office located on your home campus.

If you selected **General Refund**, you must provide this form to the Business Services Office located on your home campus.

Please provide the reason(s) you are requesting, or believe you are owed, a refund:

(Attach additional pages if needed)

Student Signature

Date

LSC Personnel Only:

Signature of LSC Personnel Receiving Request

Date