



Return completed form to:
WSU Health Sciences Spokane
Campus Registrar Academic Center (SAC 103C)
412 E. Spokane Falls Blvd.
Spokane, WA 99202
Fax: 509.358.7538 | Phone: 509.358.7530
Email: Spokane.registrar@wsu.edu

Petition For Refund

Date: ___/___/___

Student ID #: _____

Name: _____
Last First MI

WSU E-Mail Address: _____ Phone: _____

Mailing Address: _____
Street/Number Apt City State Zipcode

Name of Fee: _____ Term: Fall / Spring / Summer Year: _____

Amount: \$ _____ Fee is: Paid [] Unpaid [] Date Paid: _____

Please explain why you are requesting a refund: _____

Multiple horizontal lines for explaining the refund request.

Please attach any supporting documentation you feel is relevant _____

If approved and fee has already been paid, your refund will be applied to your Student Account

Signature of Student

Office Use Only

Petition Committee Decision: Approved ___ Denied ___ Student Notified: email / phone / mail

Officials Signature

Date Processed