STUDENT ACTIVITY FEE REFUND REQUEST FORM

1. ____ Study Abroad (Must submit official proof of registration with program)
   The Student Identified above will to be attending classes in __________ for ______________ semester(s).

   ________________________________
   Signature of Sponsor

2. ____ Internship/Clinical Rotation (Must submit copy of academic schedule and have an academic advisor sign below).
   Academic Advisor’s statement: “The student identified below will be pursuing and internship with the ______________ Dept. and will be working at ________________; not on campus.”

   ________________________________
   Signature of Academic Advisor

3. ____ Child care (Must submit copy of child’s birth certificate).

4. ____ Employment (Must submit copy of check stub reflecting the time in which you are applying for refund and showing 30 hours worked and have Employer sign below).
   Employer’s statement: “The student identified above works ____ hours per week at ____________________________ (name of establishment)
   ___________________________ (phone number)
   _______________________________ (Signature).”

5. ____ Commuting (Commuters beyond the official 40 mile radius are entitled to refunds. Priority exists for previous numbered categories).

   I certify that all the information contained herein, is true, correct and complete and that I have read and understand this application.

   _____________________________   ________
   Signature of Student               Date

OFFICE USE ONLY

   ____ Approved
   Signature of USG Administrative Director   Date

   ____ Rejected
   Signature of USG Treasurer               Date