FLORIDA STATE UNIVERSITY

University Refund Committee Petition

Revised 3/7/2014

Please note: Refund request must be submitted within six (6) calendar months from the end of the term from which you withdrew.

Last Name | First Name | Middle Initial | FSUID

Street Address | City | State | Zip

Email Address | Phone Number | Petition Year | Petition Term

Please explain in detail and attach documentation to substantiate your claim. You may attach additional pages, if necessary.

Student's Signature | Date

Please send to:

University Refund Committee
Office of the University Registrar
A3900 University Center
282 Champions Way
P.O. Box 3062480
Tallahassee, FL 32306-2480.