



Rockland Community College

STATE UNIVERSITY OF NEW YORK

Office of the Bursar

Division of Finance and Administration
145 College Road Suffern New York 10901-3699
Phone (845) 574 4254 Fax (845) 574 4737

Refund/Overpayment/Credit Form

Student ID: _____ Contact Number: _____

Last Name: _____ First Name: _____

Address: _____ City: _____ State: ____ Zip: _____

Semester 20_____ FA WI SP S1 S2 S3



No You must **officially** drop course(s) at the Records Office before submitting this form.

Student Signature: _____ Today's Date: _____

DO NOT WRITE BELOW THIS LINE

Bursar Office Action Taken:

Overpayment Form Submitted by _____

Credit of \$ _____ To pay term: _____ (Payable to RCC)

Notes:

Term: _____ Voucher # _____ Amount \$ _____

Term: _____ Voucher # _____ Amount \$ _____

Total Refund \$ _____

Please Attach current XARC date 04/01/99