



Cougar Health Services

WASHINGTON STATE UNIVERSITY

Health Fee Refund Petition Form

Please complete the following form, attach any pertinent documentation and send to Amy Chadwick, PO Box 642302, Pullman, WA 99164-2302 or fax# 509-335-8214. Credits to your account may take up to 2 weeks.

Name	WSU#
Phone number	Email address

Section A

Refund for what semester? Year _____

Fall
 Spring
 Summer

Section B

Reason for refund?

- WSU faculty/staff
- Internship out of area - list which City & complete Section C below _____
 Dates you will be out of area _____
- Other class work that requires you to be out of area (complete Section C below)
 Dates you will be out of area _____
- Other (please explain in detail) _____

Signature:	Date:
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Section C (to be completed only by Department sponsoring Internship Program or other required coursework out of area)

The following confirmation is required from WSU Department/Program

As a WSU Official, I hereby confirm the above information to be accurate.

_____	_____	_____
Name	Title	Date

_____	_____	_____
Signature	Department	Phone Number

Section D ***For business office use only:***

Approved Signature: _____

Denied Date: _____

Reason: _____
