



Refund Request-Excelsior

Return form to: University at Buffalo
Student Accounts
1 Campus Mail Center Buffalo, NY 14260
Phone: 716-645-1800 Fax: 716-645-7771
UBstudentaccounts@buffalo.edu

Scholarship Information

Student currently has anticipated aid for (please check all that apply):

Refund requested for:

Excelsior Scholarship Estimate Excelsior Tuition Credit Estimate Spring Fall

The Excelsior scholarship eligibility requirements may be found online at NYS Higher Education Services Corporation. While you may have an Excelsior Scholarship estimated, your eligibility will be verified by the financial aid office at the end of the term. If you request a refund and your eligibility changes and you are no longer eligible for the scholarship, then you will be required to repay your refund. If you have questions regarding your eligibility, please talk with a financial aid advisor. Please be advised that your current term's TAP award must be disbursed before your Excelsior refund request can be processed. TAP disbursement typically occurs after the fifth week of class.

Student Information

Last Name: _____ First Name: _____ M.I. _____

UB Person Number: _____ Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

UB Email Address: _____

Certification and Signature

I understand that by requesting this manual refund, it is based upon the anticipated Excelsior Scholarship and Excelsior Tuition Credit that I am currently eligible to receive. I also acknowledge that if my eligibility changes and my Excelsior award amount is reduced or cancelled, I will be responsible for repaying the amount that is being refunded today.

Please note, refunds will be issued via direct deposit where applicable. If direct deposit is not available, a paper check will be issued. Checks will be sent to the residence hall or local address listed in HUB while classes are in session. During semester breaks, refund checks will be mailed to the permanent address listed in HUB. For timely receipt of the refund check, be sure to verify all address information is current.

Student Signature: _____ Date: _____

Office Use Only-Student Accounts

Received: _____ Processed by: _____ Amount \$ _____ Date: _____