

12750 Fair Lakes Cir, Fairfax, VA 22033 Phone: +1 (571) 633-9651 Fax: +1 (703) 890-3372

www.uona.edu

Refund Request Form

Name:	Term:	
Student ID:	Phone:	
Mailing Address:		
Request for a refund for (Che	eck all that may apply	y)
Dropped Course(s): Duplicate Payment:	Withdrawal: Other:	
Signature:	Date:	
Important Refund Notices (plea	ase read):	
the approved refund, to Therefore please verify	the mailing address curyour mailing address punds and non-withdraw mailed within 10 busi	
FOR UoNA OFFICE USE ONI	X:	
Reviewed by:	Approved by:	
Date:	Date:	

REFUND POLICIES AND PROCEDURES

- It is the student's responsibility to apply for a refund.
- All refund requests for the previous term must be filed by the close of business of the 3 calendar week of the beginning of the next term. No exceptions.
- Classes must be dropped by the appropriate deadline for the appropriate term in order to be eligible for a refund. Stated deadlines cannot be adjusted due to late enrollment.
- Please check the university calender or catalog for all refund deadline dates.
- A refund will not be processed if academic credit has been awarded for the class.
- UoNA will only issue a refund payable to the student requesting the refund in the form of an University check, this includes any transactions made via a credit card.