

**Refund Form**

Please complete this form, enclose the check (payable to WSOS) and mail the items to:

**ATTN: Washington STEM, Nicole Arriaga**  
**210 S. Hudson Street, Seattle, WA 98134**

**Institution Name:** \_\_\_\_\_

<u>Last Name</u>	<u>First Name</u>	<u>DOB</u>	<u>Amount of Refund</u>	<u>Academic Year</u>	<u>Term</u>	<u>*Reason for Refund</u>

**\*Please indicate the reason using the number code associated with the refund reason below:**

1. Enrolled Three-Quarter Time (9 to 11 credits)
2. Enrolled Half-Time (6 to 8 credits)
3. Enrolled Less than Half-Time or Not Enrolled at this Institution (5 or fewer credits)
4. Exceeds Cost of Attendance (COA)
5. Not Meeting Satisfactory Academic Progress (SAP)