

International Student Deposit Refund Request



GENERAL INFORMATION:

TODAY'S DATE: _____
(MM/DD/YYYY)

SID #: _____

FULL NAME: _____
Family (Last) Name First (Given) Name Middle Name (if applicable)

REFUND REQUEST AND STATEMENT OF GOOD STANDING:

Initial _____ I, _____ request a full refund of the International
Print Name and Student ID

Student Deposit that I paid in partial fulfillment of the application for admission to Southeastern Baptist Theological Seminary.

Initial _____ Per the refund policy, I acknowledge have been a full-time student at this same institution for a period of not less than one full academic year and have completed at least two full semesters of course study.

Initial _____ I acknowledge am either (please circle one):
a. a current F-1 full-time student who is in good-standing at Southeastern Baptist Theological Seminary.
b. a graduate of Southeastern Baptist Theological Seminary that is returning (or has returned) to my home country.

Initial _____ I attest that each of my student-related accounts is in order, and I am in full compliance with all of the current requirements of this institution.

Initial _____ I attest that I am in full compliance with all current immigration regulations of the US government (SEVP, Homeland Security).

Initial _____ I understand that the above statements may be subject to verification, and if found to be false, can result in the termination of my F-1 status. I also understand that if there is any remaining unpaid balance on my account, then my refund may be used to pay any remaining balance.

Signed: _____ Date: _____

APPROVED?		AUTHORIZED SIGNATURE (DSO)	COMMENTS
YES	NO		