

International Student Deposit Refund Request

		ormation:		SID#:			
Ful	l Name: _ Fa	amily (Last) N	Tame	First (Given) Name	Mide	dle Name (if applicable)	
Re	fund Req	uest and St	atement of (Good Standing:			
Ini	tial	al I, ,		. re	request a full refund of the		
Initial I, request a fu Full Name SID# International Student Deposit that I paid in partial fulfillment of the a Southeastern Baptist Theological Seminary.							
Ini	tial	I, per the refund policy, acknowledge that I have been a full-time student at this same institution for a per of not less than one full academic year and have completed at least two full semesters of course study.					
Ini		 I acknowledge I 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 hom country c. A border-commuter who is in good standing d. A current F-1 full-time student who could greatly use the deposit towards my tuition to avoid financial difficulty 					
			each of my student-related accounts is in order, and I am in full compliance with all of the requirements of this institution.				
Ini	tial1		am in full con meland Secui	npliance with all current immigrationity, ICE)	on regulations	of the U.S. government	
Ini	tial1	the termin	nd that the above statements may be subject to verification, and if found to be false, can result in mination of my F-1 status. I also understand that if there is any remaining unpaid balance account, then my refund may be used to pay any remaining balance.				
Stu	dent Signa	ature:		Date:			
Approved?				Authorized Signature (PDSO)		Comments	
	Yes	No					