

MONTANA UNIVERSITY SYSTEM
Request for Refund
of Excess Fees Paid Because of Simultaneous Attendance
at Two Campuses of the Montana University System

Name				Social Security Number	
	LAST NAME	FIRST NAME	M.I.		
Mailing Address					
	P.O. BOX OR STREET ADDRESS		CITY	STATE	ZIP
Names of Campuses Attended					
Dates of Attendance					
Receipt Numbers					
Signature				Date	

↓ **FOR OFFICE USE ONLY** ↓

Institution Names		Institution A		Institution B		Total Credits
1	Credits Carried					
2	Health Service Fees					
3	Student Activity Fees					
Computation of Refund		COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
		Actual Amount Paid	Normal Cost for Total Cr. (Line 1 Total) at Campus Rate	Actual Amount Paid	Normal Cost for Total Cr. (Line 1 Total) at Campus Rate	TOTAL Amount of Refund (Col. 1 + 3)
4	Registration Fees					
5	Incidental Fees					
6	Building Fees					
7	Nonresident Building Fees					
8	Nonresident Incidental Fees					
9	TOTALS					
10	Ratio of credit hours taken at each unit over total credit hours					
11	Amount that should have been paid (Line 9 [column 2 or 4] X Line 10)					
12	Enter amount from Line 11					
13	Amount of refund (Line 9 - Line 12)					
14	Add: Refund* for activity and health service fees at one unit if paid at both					
15	TOTAL refund (Line 13 + Line 14)					

* This refund entails relinquishment of student activity and health service identification cards at the unit where the student resided for the minor portion of the semester.

Prepared By				
	NAME AND TITLE	CAMPUS	SIGNATURE	DATE