Refund Request Letter

Requester’s Name  
Requester’s Address  
City, State, Zip Code  
  
DATE  
  
Financial Services  
Name of University  
Address of University  
City, State, Zip Code  
  
To Whom It May Concern:  
​  
I am a student in the summer semester of Name of University. I was enrolled in the History of India course that began on DATE. This letter is to request a full refund for my tuition fee of $225.   
  
According to the refund policies of the university written the Student Manual, a full refund will be granted if the student withdraws from the course within six weeks from the beginning of the course. As you can see from the enclosed withdrawal slip, I am within that limit.   
  
The reason I am forced to withdraw from this course is because of a car accident in which I broke both my legs. I will be undergoing physical therapy for the next eight weeks and will not be able to attend class.  
  
Enclosed is a letter from my physician, DR. NAME, as well as a copy of the hospital records. Thank you for your attention to this matter, and I look forward to receiving the full refund.  
  
If you have any questions or need further information, I can be reached at 555-123-4567 or at Name@email.com.   
  
Sincerely,  
  
Requester’s Signature  
Requester’s Name Printed  
List of Enclosures  
  
**​​**By Andre Bradley