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:
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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