THE UNIVERSITY OF NEBRASKA-LINCOLN FUND "A" STUDENT FEE REFUND SLIP

Please Write Legibly

			. J J	Flease Write Legibly			
I request a refund of the following Fund A amount(s): DO NOT FILL IN AMOUNTS	Student No.		J	Name (Please Print)			
			Street		Apt	. #	
			City	State		Zip	
		Sig	nature				
TOTAL REFUND: If you elect to receive a total Fund "A" refund, please mark the box below	AMOUNT	"A" re	PARTIAL REFUND: If you elect to receive a partial Fe "A" refund, please mark the part or parts you wish to have refunded.		AMOUNT		
ENTIRE FUND "A" STUDENT FEE REFUND	\$		ASSOCIATION OF STUDENTS OUNIVERSITY OF NEBRASKA (A		\$		
TOTAL	\$		DAILY NEBRASKAN		\$		
			UNIVERSITY PROGRAM COUNTS	CIL/	\$		
				TOTAL	\$		
Redeemable at the Student Organization	n Financial Servic	ces Office, 222 N	lebraska Union.				
	To Be Completed at Time of Refund			Approved by:			
Payment Received	Date		20	-	SOFS		
SOES CONV. Sign				Initials			