



# Withdrawal Refund Request



**Fax to:**  
 806.742.7222  
 TTUISD Students:  
 806.742.7288



**Mail to:**  
 Texas Tech University  
 Outreach & Distance Education  
 Box 42191  
 Lubbock, Texas 79409-2191

All requests for withdrawal/refund must be in writing. Refunds will be determined based upon the postmark of the request.

Student Name \_\_\_\_\_ Social Security # or matriculation # \_\_\_\_\_  
\*If you did not provide a valid Social Security # on your enrollment form, you were assigned a matriculation number.

Address to which refund should be mailed \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_

I am a TTUISD student.

Please list all courses to which this withdrawal request applies, along with any books being returned:  
*(Please print legibly.)*

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If more room is needed, please use back of form or a separate piece of paper.

Please indicate the reason for withdrawal/refund: \_\_\_\_\_

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