

EXCEPTION REQUEST ONLY
Health Insurance Supplement Refund Form

In order to process your refund request, you must submit this form along with a copy of your receipt showing full payment of the university sponsored health insurance premium.

Submit in person or send by mail to:

Bryan Richards
Office of Graduate Studies
408 Westcott
Florida State University
Tallahassee, FL 32306-1410

Date of refund request _____

Name _____ SSN _____

Address _____

College/Department _____

Email: _____ Phone: _____

Select amount of refund requested:

\$167 (Fall)

\$333 (Spring/Summer)

\$500 (Entire year)

Reason for lateness of refund request:

BELOW THIS LINE FOR OFFICE OF GRADUATE STUDIES USE ONLY

Request APPROVED _____

Request DENIED _____

Signature, Authorized Graduate Studies Officer

Date

Contact Person: Bryan Richards 644-3718