

STATE OF OHIO  
BOARD OF CAREER COLLEGES AND SCHOOLS  
35 EAST GAY STREET, SUITE 403, COLUMBUS, OHIO 43215-3138  
(614) 466-2752 Fax (614) 466-2219  
Toll Free (877) 275-4219  
E-mail: bpsr@scr.state.oh.us Website: <http://www.scr.ohio.gov/>

**OHIO STUDENT TUITION RECOVERY FUND**

**Request for Refund**

1. Student's Name	2. Student's Contact Info  Phone (Day):  E-Mail:
3. Student's Address	
4. Name and Address of School Attended	6. Dates you attended school:

**PROVIDE THE FOLLOWING INFORMATION BY ATTACHMENTS:**

1. You must provide documentation to verify your enrollment in the school at the time of its closure (e.g. copy of enrollment agreement, transcripts, account records, etc.)
2. You must provide documentation to verify the amount of tuition paid to the school (e.g. copy of check(s), cash receipts, credit card receipts, information from loan agency, etc.)

**PLEASE ANSWER THE FOLLOWING QUESTIONS AND PROVIDE ADDITIONAL INFORMATION VIA SEPARATE DOCUMENTATION WHERE NECESSARY**

1. At the time of the school closure, I was considered to be in good standing (i.e. not on academic or administrative probation or suspension):  
  
 YES     NO (If no, please explain on a separate piece of paper.)
2. Amount of money you paid for tuition (do not include books or other fees) for the academic term during which the school closed (do not include previous academic term):

\$ \_\_\_\_\_

3. Did you participate in the teach-out/transfer options that were available to assist you complete your education?

YES    NO

If yes, please provide the name of the teach-out/transfer school:

\_\_\_\_\_

4. If you are participating in a teach-out/transfer please indicate the projected cost of the teach-out (Please verify the information with your teach-out school):

\$ \_\_\_\_\_

5. If the program was divided into classes and not academic terms, please provide the number of classes that you attended:

\_\_\_\_\_

6. I currently have a student loan with:

\_\_\_\_\_  
(Name of Institution)

\_\_\_\_\_  
(Amount of Loan)

Student Signature:	Date:
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Please return this form to:

Student Tuition Recovery Fund  
c/o State Board of Career Colleges and Schools  
35 East Gay Street, Suite 403  
Columbus, OH 43215  
(614) 466-2752