Athletic Ticket Option Change/Refund Request

Date ________________________________

UIN ________________________________
(Please Print)

Name ________________________________

Address ________________________________

City __________________ State _______ Zip ________

Email:________________________________

Phone:________________________________

Sports Option Change:______________________________

Reason for Refund Request*:______________________________

*Refunds are issued for student ticket options that have not been used on a pro-rata basis only after the first home football game. If the ticket option has been used for any game, a pro-rata refund will only be issued in the case of withdrawal from the University.

Sports Card Number:______________________________

Amount of Refund if available______________________________

Office Use Only:

Refund Request Received by________________
Date ________________________________

Refund Processed by________________
Date ________________________________

Attach Sports Card Here