



# Request to Retain Credit on Account

Student's Name: \_\_\_\_\_

Student's ID #: \_\_\_\_\_

I wish to retain the credit balance on my ONU student account

FROM:      /      /       
          MM DD YYYY

TO:      /      /       
      MM DD YYYY

- Please use today's date as the FROM date.
- You can use any date you wish for the TO date. If you would like to roll your credits from term to term until you graduate, you may want to use a week or two into your estimated graduation term.

**I understand that my credit balance will remain on my ONU student account for the term specified only. I understand that if I wish to have this credit refunded, I will need to revoke this authorization form by filling out the section below.**

Student's Signature

Date

**\*\*REVOKE AUTHORIZATION\*\***

By signing below, I revoke the authorization to retain the credit balance on my account and request that it be refunded.

Student's Signature

Date