

TEACHERS COLLEGE

COLUMBIA UNIVERSITY

OFFICE OF STUDENT ACCOUNTS

**REQUEST FOR HOLDING/TRANSFERRING OF EXCESS FUNDS
TO A FUTURE SEMESTER**

Students Name: _____ Date: _____
College ID #: _____

Dear Office of Student Accounts:

I hereby authorize Teachers College, Columbia University to withhold \$_____ of my excess funds for a future semester(s) rent/tuition/fees.

I attest that I have read and understand the above agreement.

Sincerely,

Student's Signature

() - _____
Telephone

**** OFFICE OF STUDENT ACCOUNTS USE ONLY ****

| | |
|--|----------------|
| Credit on Account: | \$ _____ |
| Amount Authorized for Transfer: | \$ _____ |
| Variance to be Refunded: | \$ _____ |
| Amount Transferred to Term: | _____ \$ _____ |
| Amount Transferred to Term: | _____ \$ _____ |
| Amount Transferred to Term: | _____ \$ _____ |
| Amount Transferred to Term: | _____ \$ _____ |
| Amount Transferred to Term: | _____ \$ _____ |

Signature of Authorized Teachers College Staff Member:

X _____