



INTERNATIONAL STUDENT DEPOSIT REFUND FORM

(Please read this form carefully, complete and sign it in the space provided below, and return to the International Student Office for verification.)

NAME: _____
(Family Name) (Given Name)

Date of Birth: ____/____/____ **DMACC Student ID#:** _____
Month Day Year

Would you prefer to pick up your deposit check at Student Accounts, or have it mailed to you?

pick up mail to current local address on file

Last semester of attendance at DMACC: _____ **SEVIS#:** _____

Student Signature: _____ **Today's Date:** _____

International Student Office Contact Information

International Student Office, Bldg. 5, Room 1120A
Des Moines Area Community College
2006 South Ankeny Blvd.
Ankeny, IA 50023
internationalstudentoffice@dmacc.edu

For Office Use Only

Verified by the DMACC International Student Office.

Transfer Out Date in SEVIS: _____

Student's plan going forward: _____

Signature: _____ **Date:** _____

The Student Accounts Office at DMACC will generate your deposit refund check 7 to 10 business days after this form has been submitted. Please contact the Student Accounts Office with any questions regarding your deposit refund request.

Student Accounts Office
2006 S Ankeny Blvd Building 1
Ankeny, IA 50023
515-964-6446