

PERMISSION TO HOLD FUNDS FORM 2017-2018 School Year

Bursar's Office
Brockton Hospital School of Nursing

Please select one of the following:

I authorize the Brockton Hospital School of Nursing to retain my credit balance and apply it towards my Spring Semester balance. _____

OR

I authorize the Brockton Hospital School of Nursing to retain my credit balance and apply it towards my Spring and Summer Semester balance. _____

Sincerely,

Signature

Please print your name

Date

Student ID number

Please note: This authorization may be cancelled or modified. Please send any changes in writing to the Bursar. To receive funds from the credit balance being held, please submit your request in writing so that a refund check may be generated. Include the date, student's name, id number, and desired modifications.

Funds are only able to be held for the current school year. Any funds remaining at the end of the school year will be refunded.