

Missouri Department of Higher Education
PO Box 1469
Jefferson City, MO 65102-1469

Student Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Email _____

School Information

Name and Address of School: _____

Name of Program: _____

Start Date: _____

Anticipated Grad Date: _____

Total Estimated Tuition and Fees Paid to the School: _____

Please retain all records of payment including, but not limited to, the enrollment agreement, receipts, credit card statements, cancelled checks, money orders, etc. Students must be able to verify payment to the school in order to be considered for reimbursement.

You will be contacted by the MDHE when we require submission of documentation in order to submit a claim for the security deposit.