



SECTION A: PERSONAL DETAILS

Last Name _____ First Name _____
Address _____
Student ID # _____
Mobile Phone _____ Email _____
Reason for requesting a refund _____
Date of Request: _____
Signature _____

SECTION B: PAYMENT METHOD (Select only one method)

Original Payment Details: *Please complete this section depending on how you originally paid your tuition, as this will determine how you will receive your refund.*

Bank details

Name of Bank _____
Bank Address _____
Account held in name of _____
Beneficiary Account Number _____
ABA Routing # or SWIFT code: _____
IBAN Number: _____

Credit or Debit Card

Name on card: _____

Card Number: _____

Expiration Date: ___/___ CVV: _____

Check (to be mailed to the address provided above- checks will be issued to student name)

SECTION C: TO BE COMPLETED BY THE ADMINISTRATION

Date of Reception: _____ Program: _____ Corresponding Week: _____
Session/Course student payment: \$ _____ Percentage of Refund: _____% Amount to Refund: \$ _____
Approval Signature: _____ Name of Officer _____ Date: _____
Remarks: _____