

REQUEST FOR REFUND

Name of Student: _____ Student ID No. _____

Course enrolled: _____

Duration: _____ Amount Paid : _____

Receipt No: _____ Amount Claimed: _____

Reason for Request: (with documentary evidence):

Signature of Student

Date

(For Official Use)

Approved / Not Approved: _____ Amount of Refund: \$ _____

Cash / Cheque: _____

Acknowledged receipt: _____
Student Name Student Signature & Date