

REQUEST FOR ADJUSTMENT & REFUND

1.Student Information

Student Name:	Stu	udent Number:	
Program:			
Start date:	Wi	ithdrawal Date:	
2. Reason for Adjustment			
Reason for Adjustment			
Forfeit seat deposit			
Transfer tuition payment from internal account (HCAP, etc)			
Other, please specify			
Authorization for adjustment & refund:			
Name:	Date:		
4. Adjustment information:			
Adjustment amo	ount: \$		
Cashier:	Date:		
5. Refund information:			
Refund amount:	\$		
Cashier:	Date:		
Refund to:	Refund to: Sponsor (cheque requisition attached) Student (address confirmed)		