

# REQUEST FOR REFUND

## 1. Student Information

Student Name:		Student Number:	
Program:			
Start date:		Withdrawal Date:	

## 2. Reason for Refund

Refund %	Reason
100%	Prior to start date
50%	Prior to last day to receive a refund
100%	Medical/compassionate
50%	Medical/compassionate
100%	Overpayment
	Other, please specify

Authorization for refund:

Name:		Date:	
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## 4. Refund information:

Refund amount:	\$	
Cashier:		Date:

Refund to:	<input type="checkbox"/> Sponsor	<i>(cheque requisition attached)</i>
	<input type="checkbox"/> Student	<i>(address confirmed)</i>