Please write clearly in BLOCK CAPITALS and use a ballpoint pen to complete this form.

**Part I**
Complete this part to show your student and contact information.

<table>
<thead>
<tr>
<th>1a Your name (first name, Initial and last name)</th>
<th>1b Title (Mr., Ms, Mrs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2a Name of Course</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3a Home Tel. No.</th>
<th>3b Work Tel. No.</th>
<th>3c Mobile Tel. No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4 Please select the box which applies to you:
- Company Sponsored
- Loan Funding
- Private funding

5 Name of Payee (Person/Organization cheque to be made payable)

6 The Refund is being sought for the reason(s) outlined below (Please tick the box which applies):
- Course has been cancelled
- Deferral/Withdrawal
- Other Reasons (Please state) _____________________________________________________________

**Part II**

<table>
<thead>
<tr>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

State refund requested______________________________________________________________

____________________________________________________________________________

______________________________________________________________________ Dollars ($ ________________ )

Date (dd/mm/yr)

Attach copy of payment

A) Dean/Director Comment (in cases of withdrawal/Deferral)/Chairperson (refunds other than tuition)

- Discontinue
- Deferred
- Other

SIGN HERE

Dean's/Directors Signature (in cases of withdrawal/Deferral) Date (dd/mm/yr)

SIGN HERE

Signature -Relevant Director/Chairperson (refunds other than tuition) Date (dd/mm/yr)

A) Bursar’s/Accountant’s Comments (optional)

Bursar/Accountant Signature Date

Processing period ten (10) working days, cheques are to be collected at the cashier

*in the case of company sponsorship cheque will be made payable to company