


**CARIBBEAN MARITIME INSTITUTE**

	ADMISSIONS AND EXAMINATIONS FORMS	Document No: CMI/ADM/FORM/007	Page 1 of 1
	TITLE: REFUND REQUEST	Revision No.: 00	Revision Date: 1 <sup>st</sup> January, 2014

Please write clearly in BLOCK CAPITALS and use a ball point pen to complete this form

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

1a Your name (first name, Initial and last name)		1b Title (Mr., Ms, Mrs.)
2a Name of Course		
3a Home Tel. No.	3b Work Tel. No.	3c Mobile Tel. No.
4 Please select the box which applies to you Company Sponsored <input type="checkbox"/> Loan Funding <input type="checkbox"/> Private funding <input type="checkbox"/>		
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)		
<input type="checkbox"/> Course has been cancelled <input type="checkbox"/> Deferral/Withdrawal <input type="checkbox"/> Other Reasons ( <i>Please state</i> ) _____		
<b>Part II</b> <b>Signature</b>		

**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      Other


\_\_\_\_\_  Deferred

**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**