



# EXCELSIOR COMMUNITY COLLEGE

*"Transforming Lives, Nurturing Global Citizens"*

## REQUEST FOR REFUND

(Student's copy of voucher(s) must be attached)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (DD/MM/YYYY)

Tel. No.: (W): \_\_\_\_\_ (H): \_\_\_\_\_ (C): \_\_\_\_\_

Email address: \_\_\_\_\_ Department/School: \_\_\_\_\_

Programme:  Certificate  Diploma  Ass. Deg.  Bachelor's  Post Grad. Diploma

Year Group:  One  Two  Three  Four

Mode of Study:  Day  Evening  Weekend

Date of Entry: \_\_\_\_\_

Tuition Fee Amount (including registration fee): \_\_\_\_\_

Amount paid to date \$ \_\_\_\_\_  
in figures in words

Refund Amount: \_\_\_\_\_

Reason for refund: \_\_\_\_\_

Cheque to be made payable to: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY

Registrar's/Administrator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accounting Clerk's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Main Campus:** 137 Mountain View Avenue, Kgn. 3. Tel:(876)928-4986-7, 928-5070-1, 938-4249,938-4358, Digicel: 619-1247 FAX: (876)938-0747.

**Camp Road:** 20 Camp Road, Kgn. 4. Tel:(876)928-3645, 930-0851. Fax: (876)938-2435

**Church Street:** 95B Church Street, Kingston, 928-0038

**Wesley Grove:** Port Morant, St. Thomas. Tel/Fax: (876) 982-8711, 982-8236