



# EXCELSIOR COMMUNITY COLLEGE

*"Transforming Lives, Nurturing Global Citizens"*

## REQUEST FOR REFUND

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

Student's Name: \_\_\_\_\_

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

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

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

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: \_\_\_\_\_

Registrar's Signature \_\_\_\_\_ (Refunds for Transcripts/Letters Only)

FOR OFFICE USE ONLY

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

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