



REFUND REQUEST FORM

Name: _____ I.D No. _____ Date: __/__/__
Term for refund _____ Date of cessation of training __/__/__

Reasons for Cessation

Amount paid to College \$ _____ : _____

Competencies & code paid: _____

Amount of refund claimed: \$ _____ : _____ Paid To _____

Method of Calculation: _____

(Signature of student)

(Date)

College Approval:

Amount: \$ _____ **Financial Controller Name:** _____

Date: ___ / ___ / ___

Approved? Yes

No (Please circle) P.T.O.

For College Use:

1. Funds kept for credit for future use.

Yes

No

2. Cheque written to student

Yes

No

Cheque Number _____

Date: _____

Payee: _____

(Note, cheque must be written within 7 days)

Financial Controller's Name: _____

Signature _____

Date ___ / ___ / ___

Principal's Name _____

Principal's Signature: _____

Date ___ / ___ / ___