



## COQUITLAM COLLEGE INC. Refund Request Form

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Refund: Tuition Fees Amount \$ \_\_\_\_\_

Book Deposit Amount \$ \_\_\_\_\_

Other Amount \$ \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

Student Comments: \_\_\_\_\_

\_\_\_\_\_

**Please Note:** Refund requests must be received in our Administration Office at least ten days prior to the last working day of the month; otherwise, cheques will be issued on the last working day of the following month.

If you require your refund payment to be paid to someone besides yourself, or if you have any questions regarding your refund please contact Jennie Park in our Administration Office at

[JPark@coquitlamcollege.com](mailto:JPark@coquitlamcollege.com)