



## COQUITLAM COLLEGE INC. Refund Request Form

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Do you want your refund: Mailed: \_\_\_\_\_ Or Pick Up: \_\_\_\_\_

\* Please note if the payment is made by credit card, it will refund back to the original credit card.

If mailed, to what address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Book Deposit \_\_\_\_\_

Other \_\_\_\_\_

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

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

**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 Sarah Tortora in our Administration Office at [STortora@coquitlamcollege.com](mailto:STortora@coquitlamcollege.com)