



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 Mariana Eboli in our Administration Office at

MEboli@coquitlamcollege.com