

## **Refund Request Form**

Submit the completed form via email to refund@coquitlamcollege.com with the subject line "Refund Request Form".

Before applying, please review the Tuition, Other Fees, and Refunds Policy available at: <a href="mailto:coquitlamcollege.com/about-us/policies">coquitlamcollege.com/about-us/policies</a>.
Refund requests must be received by the Office of the Registrar at least ten (10) days before the last working day of the month. Requests received after this deadline will be processed the following month, with cheques issued on the last working day of that month.

Do NOT send a duplicate request as this will delay the processing time.

| STUDENT INFORMATION  |                        |                   |           |             |
|--|------------------------|-------------------|-----------|-------------|
| Legal Last Name (Family Name)  | Legal First Name (Give | n Name)           | Student # |             |
| CONTACT INFORMATION  |                        |                   |           |             |
| Street Address   |                        |                   |           |             |
| City   |                        | Province/State    |           | Postal Code |
| Email Address  |                        | Telephone Number  |           |             |
| REFUND TYPE  |                        |                   |           |             |
| ☐ Tuition Fees ☐ Book Deposit ☐ Other:   |                        |                   |           |             |
| REASON FOR REFUND  |                        |                   |           |             |
| □ Study permit was refused □ Course withdrawal □ Program completed / Graduated □ Overpayment of fees □ Transferring to another institution □ Other (explain):  |                        |                   |           |             |
| REFUND DELIVERY METHOD   |                        |                   |           |             |
| Please note if the payment is made by debit/credit card, it will be refunded back to the original card.  |                        |                   |           |             |
| □ Pick Up (Vancouver Campus)  An email will be sent to your provided email address when the cheque is available for pick-up. Please ensure your contact details are correct.   |                        |                   |           |             |
| ☐ Mail to Provided Address Above Your cheque will be mailed to the address you provided above in the form. Please ensure your contact details are correct  |                        |                   |           |             |
| AUTHORIZATION  |                        |                   |           |             |
| Student Signature  |                        | Date              |           |             |
|  |                        |                   |           |             |
| OFFICE USE ONLY  |                        |                   |           |             |
| Accounting Department Approval   |                        |                   |           |             |
| Accounting Signature   |                        | Date (yyyy/mm/dd) |           |             |
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