



REFUND REQUEST FORM

STUDENT INFORMATION			
First Name		Last Name	Student ID
Email Address			
REQUEST DETAILS			
Please list each course that has been dropped, including section (for example, ECON 103B)			
Term: _____ (e.g. Fall 2016)			
1. _____		4. _____	
2. _____		5. _____	
3. _____		6. _____	
REASON			
ACADEMIC	<input type="checkbox"/> The course is too difficult	<input type="checkbox"/> My attendance is below 70%	<input type="checkbox"/> Other (please explain): _____
	<input type="checkbox"/> I have too many courses	<input type="checkbox"/> I am not interested in the course	
PERSONAL	<input type="checkbox"/> I have changed my mind	<input type="checkbox"/> I am moving or taking a study break	<input type="checkbox"/> Other (please explain): _____
	<input type="checkbox"/> Personal or family health	<input type="checkbox"/> Financial issue	
PREFERRED REFUND METHOD			
<input type="checkbox"/> Cheque		<input type="checkbox"/> Electronic Transfer (additional fees may apply)	
DECLARATION			
I understand that it is my responsibility to be aware of and to comply with the policy and procedures of Alexander College.			
Student Signature		Date	
Office Use Only			
Education Advisor Approval			
Education Advisor Signature		Date	
Office of the Registrar Approval			
Please check any documents that have been issued to the student and are still within the letters study period start and dates.			
Letter Type	Issue Date	Study Period Start Date	Study Period End Date
<input type="checkbox"/> Letter of Acceptance			
<input type="checkbox"/> Confirmation of Enrolment			
<input type="checkbox"/> No official letters issued			
Office of the Registrar Signature		Date	
Accounting Department Approval			
Refund Method <input type="checkbox"/> Cheque <input type="checkbox"/> Other:		Refund Amount	
Accounting Signature		Date	