Student Financial Services
Email : studentfinancialservices@alexandercollege.ca
Tel : (604) 435-5815
Fax : (604) 435-5895

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 2026)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

REASON

ACADEMIC	☐ The course is too difficult ☐ I have too many courses	☐ My attendance is below 70% ☐ I am not interested in the course	☐ Other (please explain): _____
PERSONAL	☐ I have changed my mind ☐ Personal or family health	☐ I am moving or taking a study break ☐ Financial issue	☐ Other (please explain): _____

PREFERRED REFUND METHOD

☐ Cheque ☐ Wire Transfer *(additional fees may apply)*
☐ Convera *(additional fees may apply)* ☐ Flywire *(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*
☐ Letter of Acceptance			
☐ Confirmation of Enrolment			
☐ Confirmation of Continuing Studies			

Office of the Registrar Signature	***Date***

Accounting Department Approval

Refund Method ☐ Cheque ☐ Other:	*Refund Amount*
Accounting Signature	***Date***

Alexander College is committed to using personal information we collect in accordance with the Personal Information Protection Act (PIPA). By providing personal information on this form, you consent to have the College use the information solely for the purposes of providing academic and student support services. The full College policy is available online at http://www.alexandercollege.ca