STUDENT REFUND FORM

NAME: _____   _____

(Last)   (First)   Student I.D.

ADDRESS: _____

_____   Telephone No._____

Email Address: _____   Semester: _____

Amount requested for refund: LBP_____

Funds were paid for: □ Deposit   □ Tuition/registration fees   □ Transcript/certificate fees

                       □ Application fees   □ AEP/TTP Tuition   □ other _____
                                                                                    (Specify)

Reason for funds requested: _____

By signing below you are acknowledging that you are only requesting the specific amount stated in "Amount requested for refund". All rights to refund deposits are waived by you, if not requested for within a year after last day of graduating semester.

STUDENT SIGNATURE: _____   DATE: _____/_____/_____

If person other than the student will receive the refund amount, specify the name of the person.

Name of person other than student: _____   Relation: _____

PLEASE ALLOW 5 – 7 WORKING DAYS TO COMPLETE YOUR REFUND REQUEST

FOR ADMINISTRATIVE USE ONLY

Withdrawal procedure completed on _____/ _____/ _____

Admissions Approval: _____   Date approved: _____/_____/_____

CCE Approval: _____   Date approved: _____/_____/_____

Refund approved: _____   Date approved: _____/_____/_____
                          (Cashier's)

Refund amount LBP _____   CFQ/CAV No. _____
                          (Billing)   (Billing)

Due Date: _____/_____/_____

Please note that if withdrawal procedures are complete then no need for "Admission's Approval"