



AUTHORIZATION FOR REFUND REQUEST

Note:

Please be advise that student must inform the Office of Registrar via phone call or Email about your intention of Withdrawal. Filling this application is insufficient if student do not inform the Office of Registrar. After submitting this form, the Registrar will review you form and will inform you the amount that you will get refunded.

Reasons for Refund

- VISA Denial (Please attach confirmation of VISA denial to this form)
- Attending other institution (Please attach a copy of Letter of Acceptance)
- Medical Reasons (Please attach a copy of Medical Record)
- Others (Please specify)

Personal Information

Last Name		First Name		Middle Name
Date of Birth	MM	DD	YY	Country of Birth
Native Language				Social Security Number
Phone Number				Email Address

Mailing Address

Street	City	Province
Country	Postal Code	

Method of Payment

<input type="checkbox"/> VISA	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque	<input type="checkbox"/> Wire Transfer (Original Transfer Receipt should be attached)
<input type="checkbox"/> Debit Card	<input type="checkbox"/> Other (Please specify)	
Note:	Original receipts should be presented or attached. Without the original receipts, the refund request will not be process.	

Date of Payments	MM	DD	YY	Date of Payments made by a third Party	MM	DD	YY
------------------	----	----	----	--	----	----	----

Note: Please send the registrar the Identification of the 3rd party Payer. If you provide the registrar with the correct information, payments refunds will not be process and could go through someone else's bank account. Please review all the information indicated prior to submission