



Application for Refund

Student Name:	
Student Number:	
Student Date of Birth:	

Course(s) for which you are applying for a refund:	
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Have you read and understood the College's Refund Policy?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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Student signature

Date

<u>OFFICE USE</u>	
Amount Refunded	\$
Signature of authorized officer	Date