





## Appendix II- Refund Request Form

 <b>UNIVERSITY OF THE COMMONWEALTH CARIBBEAN (UCC)</b> <i>Fostering Leadership &amp; Innovation</i>		University of the Commonwealth Caribbean (UCC) <h1>Refund Request Form</h1>	
<b>Students must familiarize themselves with the Refund Policy before completing this form.</b>			
Student Name:		Title: (Mr. Ms. Mrs.)	
Student ID.:	Name of Programme:		
Mobile number:	Home Telephone:	Work Telephone:	
Please indicate applicable section:	Company Sponsored:	Individual:	
State name of payee: (Company/Individual)			
The refund is being sought for the reason(s) outlined below. Please tick applicable section:			
Programme cancelled:		Personal reasons:	Other reason:
<u>State reason:</u>			
Date tuition payment(s) made (Date Month Year)			Receipt No:
Kindly refund the sum of: (\$ .00 )			
Name on the Bank Account:		Name of Bank:	Branch:
		Bank Account No.:	Savings: Chequing:
<b>Sign Here</b> 	Student's Signature:		Date:
<b>FOR OFFICIAL USE ONLY</b>			
Date Discussed With Student	(Date Month Year )	Refund (Amount) Recommended	Refund Not Recommended
Coordinator's Comments:			
<b>Sign Here</b> 	Coordinator's Signature:		Date:
Chief Financial Officer's Comments:			
SFS Supervisor Comments:			
Refund approve: Amount \$:		Refund Not Approved: Reason	
<b>Sign Here</b> 	Chief Financial Officer's Signature:		Date:
<i>Refund Form: Revised. Apr 3, 2016, June 2019</i> <i>Tuition Fee Refund Policy, Aug 2013, June 2019</i>			