

## Office of the Bursar Vancouver

#1700 - 701 W. Georgia St. Vancouver, B.C. V7Y 1K8 Canada

Tel: 778-783-5924 Fax: 778-371-7928

## **REFUND REQUEST**

NOTE: Refunds will be issued in accordance with your payment method.

DATE:	<del>_</del>	
STUDENT NAM	ME	
ID#		
REFUND AMOUNT	SEMESTER(S)	
CURRENT ADDRESS:		
House Number/Street		
Apartment No.		
City, Province, Postal Code		
Home Telephone #	Cell #	
Email Address		
T1 141 • 6		1 1040
I have read this form	and understand the refu	nd conditions:
Student Signature:		Date
Received by:		
Signa	ture Bursar Representative	Date

Incomplete request forms will <u>NOT</u> be processed. The Refund Department will make the final determination of refund eligibility according to Federal Title IV Regulations. ADDITIONAL PROCESSING TIME MAY BE NECESSARY DURING TIMES OF PEAK REFUND VOLUME.

Ref Request: dmc 12/7/2017