

## FEE REFUND FORM

<b>Date</b>	
<b>Full Name</b> <i>[as per passport]</i>	
<b>Registration Number</b>	
<b>Program enrolled in</b>	
<b>Location</b>	
<b>Mobile Phone</b>	
<b>Email Address</b>	

**Comment:**

\_\_\_\_\_  
Student Signature

**For Office Use Only** *[The candidate should not fill in this area]*

Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Fee Refund Approved

Fee Refund Declined

Amount to be refunded: \_\_\_\_\_

By Cash

By Cheque

Bank: \_\_\_\_\_

Comment: \_\_\_\_\_

Accountant Signature: \_\_\_\_\_

Chairman Signature: \_\_\_\_\_