



REQUEST FOR REFUND

Please allow up to 4 weeks from submission of completed form for refund to be processed.

Name: _____ Student ID#: _____

Address: _____

Course Withdrawal (*complete 1 and/or 2 below*)

Balance on Scholarship Funding (*provide further explanation below*)

Other (*provide further explanation below*)

1. Course Name: _____ Course Code: _____ Term: _____

2. Course Name: _____ Course Code: _____ Term: _____

EXPLANATION FOR REFUND REQUEST:

STUDENT SIGNATURE: _____ **DATE:** _____

Make Cheque Payable To: _____

FOR OFFICE USE:

PACE

BC

Penalty: _____ Code: _____ Invoice: _____ Refund Amount: _____

Business Manager/Controller: _____ Date: _____