



# BERMUDA COLLEGE

## REQUEST FOR REFUND

*Please allow 2 weeks from date for refund to be processed.*

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TERM:** \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Code: \_\_\_\_\_

### Explanation for Refund Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Make Cheque Payable:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### For Office use:

Penalty: \_\_\_\_\_ Code: \_\_\_\_\_ Invoice/Date: \_\_\_\_\_ Refund Amount: \_\_\_\_\_

Business Manager/Controller: \_\_\_\_\_ Date: \_\_\_\_\_