BERMUDA COLLEGE

REQUEST FOR REFUND

Please allow 4 weeks from date for refund to be processed.

Name: _____ Student ID#: _____

Address: _____

_____

_____

_____

☐ **PACE**   ☐ **Penalty**   ☐ **No Penalty**

TERM: _____

1. Course Name: _____ Course Code: _____
2. Course Name: _____ Course Code: _____
3. Course Name: _____ Course Code: _____

EXPLANATION FOR REFUND REQUEST:

_____
_____
_____

STUDENT SIGNATURE: _____   **DATE:** _____

Make Payment Payable: _____

_____

_____

_____

FOR OFFICE USE:

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

Business Manager/Controller**:** _____ Date: _____