

DEPARTMENT OF STUDENT FINANCING

REFUND REQUEST FORM

Date _____	Student ID # _____	Phone No. _____
Name _____	Email _____	

INSTRUCTIONS/NOTES

In order to apply for a refund, the following documents **must** be submitted along with this refund request form (please check all that applies):

- Copies of **all** receipts
- Fee breakdown (for each Academic Year for which the refund is being requested)

1. Where copies of receipts cannot be submitted, a request can be made at Account Receivable for a duplicate copy **at a cost of \$500.00 per copy**. This is only applicable to UTech's Accounts Receivable.
2. **Copies of Payments made at external payments agencies must be requested from the respective agency.**
3. If any of the above documents are not submitted, it will result in a delay in the processing of your request!
4. **The processing time for refunds is a minimum 15 working days.**

PLEASE COMPLETE THE FOLLOWING

Dear Sirs:

I _____, hereby request that the amount of \$ _____ be payable to me as a refund, having submitted the required document.

Signature _____ Date

FOR OFFICIAL USE ONLY

Received by _____ Date received _____ Supervisor's Signature _____

- Refund approved Refund not approved

_____ Date

Reason(s) if not approved _____

Processed by _____ Date process _____

STAMP