

Refund authorization signature: _

VCC International Education Refund Request

Email this form to <u>ieadmissions@vcc.ca</u> Incomplete requests cannot be processed.

		VCC Studen	t Number:	
STUDENT INFORMATION				
Family Name:		Given Name(s):		
Email Address:	Date of Birth (month/day/year): Country of		Country of Citizenship:	
Mailing Address:	in my 1/00 (many	.tu a al \		
 Yes, I have entered my current mailing addres I understand that my Refund Request will no 			tered my cur	rent mailing address in myVCC.
REFUND INFORMATION				
CCC Program Name:		Program Start Date:		
Reason for Refund Request:				
 Study Permit Refusal (must attach a copy of 	-			
 Other (must provide an explanation and att 	ach supporting do	cumentation	to this form)	
METHOD OF REFUND – select one option				
Refunds are issued directly to the original payer and are	processed based on	the payment r	method used to	make the original payment. It is not
possible to request a refund by any other method. Please				· ·
below to confirm the payment method used for your original	zınaı payment. Fallur	re to select the	e correct metho	od will result in a delay to your refund.
Paid by Canadian Credit Card, Online Banking Refunds greater than \$10,000 CAD will be issued by E-Transfer and you will be sent an eyour bank information. If the payment was m	ued by cheque (must mail at your VCC stud	have Canadia dent email acc	n mailing addre	ess). Refunds less than \$10,000 CAD will be the deposit instructions. Do not provide
Paid by Flywire: Your refund will be issued by		,		. , , .
Paid by Wire Transfer: Your refund will be iss for wire transfers, and your bank must accept banking details must be identical to the accou additional delays due to the banks which are Transfer payments made from Canadian bank	CAD funds. You mus unt that was used to s beyond VCC's contro	st complete th send payment ol and are not i	e Wire Transfei t. Note that Wir	r Information on the back of this page. The e Transfer refunds may experience
DECLARATION - By signing this form, I confirm that:		منامم اممامناه		as linta maticus I linta ma
 I have read the VCC International Refund Polic students/fees/refund-policy; 	y information pub	olisnea online	e at <u>www.vcc.</u>	ca/international/future-
 I understand that all refunds are subject to an 	administrative fee	e of \$250;		
• I understand that a portion of my international				
I request VCC issue a refund for any credit bala	·		_	
 I confirm that I have checked the correct payn I understand VCC issues refunds to the origina 				
 I understand VCC issues refunds to the original possible to request a refund in another methol 		ле рауппени	method used	to make the original payment and it is no
I authorize VCC to issue the refund via the me		ith the paym	ent method n	nade for my original payment;
I understand I am responsible for providing ac				
Student's Signature:			_	Date:
Office Use Only Deposit eligible for refund:	□ No □ Yes (SI	D (1)	☐ Yes (appeal)	□ Yes (other):
		P refusal)		,
\$ \$ Tuition Non-Refundable Dep		\$ 250	– \$60 c	or N/A = \$



Course drop/add & Program withdrawal

Broadway campus 1155 East Broadway, Vancouver, B.C. V5T 4V5 **Downtown campus** 250 West Pender St., Vancouver, B.C. V6B 1S9 **p**: 604.871.7000, option 8 **f**: 604.443.8450 **e**: records@vcc.ca

www.vcc.ca

continued on next page -

Please submit to the Registrar's Office.

If you are an international student please contact the IE Office (study@vcc.ca) in advance to learn about how the withdrawal will impact your immigration status and refund eligibility.

Check one:	☐ Course drop	☐ Course add	☐ Program withdrawal	
Personal i	nformation			Student ID
				0.0000
Last name (family nar	me)		First name	
Name while attendin	g VCC (if different from above)		Birthdate (DD/MM/YYYY)	
Phone			Email	
Calendar year of atte	endance (YYYY)		Name of program/course	
Full-time studies	Part-time studies	Student type:	Domestic International	
Student signature			Date (DD/MM/YYYY)	
Course dr	ор		Department only – Cou	ırse add
Course name/nu	ımber	CRN	Course name/number	CRN
			Instructor signature:	
Program v	vithdrawal			
Name of program				
Reason fo	r drop/withdrav	val		
□financial □hea	lth □personal □job rel	ated □moving □co	ourse/program difficulties 🗖 too many co	ourses switching schools

The information on this form is collected under the authority of the BC Freedom of Information and Protection of Privacy Act (1996) and is needed to process any changes in your student record. If you have any questions about the collection and use of this information contact the Registrar's Office.



Course drop/add & Program withdrawal

(Continued)

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To be completed by department only					
☐ Required to withdraw					
Term	Last day of attendance				
Date MM/DD/YYYY	Instructor	Instructor signature			
☐ The department head and/or instructor has notified the student of this drop/withdrawal					
Registrar's Office use only					
☐ Course drop/withdrawal		Program drop/withdrawal			
D5 Admissions W0/AW Cashiers if refundable		st day of program — ▶ Records			