VCC INTERNATIONAL EDUCATION REFUND REQUEST

I. Personal Information: Date: _____

Name: _____ _____ Student ID: _____
Family Name First Name

ESL Contract Period Month Start: _____ Full Time
Number of Months: _____ Part Time

I would like to request a refund because _____

II. I want to receive my refund by:

Check should be payable to
myself
the following person:

Pick up at Broadway
Downtown Campus
Mail to the following Address:

Family Name: _____ _____

First Name: _____ _____

Date of Birth: _____ _____

SIN Number: _____ Phone number: _____

Male Female Email : _____

Wire Transfer (extra $60 bank charge will be deducted from your refund amount)

Name of the Bank: _____

Bank Address: _____
(Street Name) (City) (Country)

Account Holder's Name: _____

Account Holder's Address: _____

Account Number: _____ _____

Branch Number: _____ Student Name Signature

Transit Code: _____

* If student could not sign the form, student's written consent must be attached.

Official Use Only

Reason: Visa Rejection ____ or Other _____ Banner ISP

$ _____ × _____ % _ _____ _ $ 50 = $ _____ .
Amount on Deposit entitlement other deduction admin fee Refund amount

Request Approved by: _____ Date: _____