



VCC International Education

# VCC INTERNATIONAL EDUCATION REFUND REQUEST

Email this form to [leadmissions@vcc.ca](mailto:leadmissions@vcc.ca) and allow 4 to 6 weeks processing time for refund requests.

**Please Print Clearly**

Date of Request: \_\_\_\_\_

### I. Personal Information

Program: _____		Program Start Date: _____	
Family Name	First Name	Telephone	
# 000	Date of Birth	/	/
Student Number		Month	Day Year

### II. Reason for Request (explanation and supporting documentation can be attached):

### III. Method of Refund

Please select one option:  **Cheque** OR  **Wire Transfer** (\$60 bank charge deducted from refund amount)

#### **For Cheque** (payable to the student):

Choose one delivery option:

Pick up\* at:  Cashier - Broadway Campus OR  Cashier – Downtown Campus \*Photo ID required at time of pick up.

**OR**

Mail to:  this address: \_\_\_\_\_

#### **For Wire Transfer** (extra \$60 bank charge deducted from refund amount):

Name of Bank: \_\_\_\_\_

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

Account Holder's First Name: \_\_\_\_\_ Account Holder's Family Name: \_\_\_\_\_

Account Holder's Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Branch Number: \_\_\_\_\_ SWIFT Code: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

*\*If student cannot sign, student's written consent must be attached.*

### Official Use Only

Reason: Visa Rejection \_\_\_\_\_ or Other \_\_\_\_\_ Banner ISP

\$ \_\_\_\_\_ x \_\_\_\_\_ % - \$250 Admin fee - \_\_\_\_\_ Deductions = \$ \_\_\_\_\_ Refund Amount

Request Approved by: \_\_\_\_\_ Date: \_\_\_\_\_