



REQUEST FOR REFUND

(Please complete in Capitals & Black Ink)

Name of Student **Student ID**

ADDRESS:
.....

Post Code **Telephone No**

If your Refund Request is in line with College's Refund Policy - Please state briefly Refund Reason

.....
.....
.....
.....
.....

Signature of Student **Signature of Tutor**
(If Applicable)

Date

- Have you Included a copy of your receipt
- Have you Included a copy of your Learning Agreement
- Have you Included your Student ID (If Applicable)
- Have you Included Other Supporting Documentation eg Letter from your doctor etc

Please Return to:
Finance Dept, Wellington Rd Campus, Wellington Road, Bilston, Wolverhampton WV14 6BT