REQUEST FOR REFUND – 2017/2018

Students complete Sections 1 and 2 in **PRINT**.

Section 3 is to be completed by Student Services and Admissions.

1. PERSONAL DETAILS

Student Name: _____

Home Address: _____

E-mail address: _____

Student ID Number: _____

Course & Year of Study: _____

Signature: _____

2. BANK DETAILS (THIS SECTION MUST BE TYPED, NOT HANDWRITTEN)

Account Name: _____

Bank: _____

Account no: _____

BIC code: _____

IBAN: _____

3. FOR NCAD USE ONLY

Total amount due to NCAD: _____ **Amount paid by student**: _____

In receipt of Grant: Y / N **Amount granted**: _____

Name of Grant Authority: _____

Existing balance from previous years? Y / N

Refund Due: _____

Reason for refund: (A) Overpayment by student (B) Confirmed payment by Grant Authority
(C) Approved for Withdrawal / Time Out

Approved: _____ _____

SS&A Staff ***Student Administration***

_____

Admissions Officer

Date: _____