



**THE UNIVERSITY OF THE WEST INDIES
OPEN CAMPUS**

REQUEST FOR REFUND

Refunds will be made in keeping with the Refund Policy and are processed by the Site of registration. Please ensure that the relevant documents – payment receipt, fee assessment, Registry approvals – are attached to the form to facilitate processing. Incomplete forms or forms without supporting documents will not be processed.

SECTION A - BIOGRAPHIC DATA

1. UWI Student ID Number					
2. Name					
Title	Last Name/Surname	First Name	Middle Name(s)		
3. Permanent Address: Apt/Street/PO Box			7. Mailing Address (if different from Permanent): Apt/Street/PO Box		
City/Town/Post Office		Parish/County	City/Town/Post Office		Parish/County
State	Zip/Postal Code	Country	State	Zip/Postal Code	Country
4. Home/Permanent Phone ()			8. Mailing Address Phone ()		
5. Cell Phone ()			9. Work Phone ()		
6. Email Address			10. Fax Number ()		
			Ext:		

SECTION B - ACADEMIC PROFILE

11. Site	12. Programme of Registration	13. Academic Year & Semester of Request
14. Student Request <input type="checkbox"/> Leave of Absence <input type="checkbox"/> Withdrawal <input type="checkbox"/> Registration Change <input type="checkbox"/> Other (Please specify)		
15. Effective Date (yyyy/mm/dd) _____/_____/_____		
16. Courses for refund	17. Tuition Fees in currency of payment	

SECTION C - REQUEST FOR REFUND

18. I request a refund of tuition totaling \$_____. I affirm that I am in good financial standing with the University.

Student Signature

_____/_____/_____
Date (yyyy/mm/dd)

SECTION D - DECISION

19. Request Approved Request Denied

Site Head/Coordinator Signature

_____/_____/_____
Date (yyyy/mm/dd)

20. If request is denied, please state reason.

SECTION E - RECEIPT OF REFUND

21. I acknowledge receipt of refund totaling \$_____.

Student Signature

_____/_____/_____
Date (yyyy/mm/dd)

SECTION F - FOR OFFICIAL USE ONLY

Registry Approval Yes No N/A

Payment Receipt Yes No

Fee Assessment Yes No

Good Financial Standing Yes No

Library Clearance Yes No N/A

ID Card Cancelled Yes No N/A

Cheque No. _____ **Amount \$** _____

Site Staff Signature

_____/_____/_____
Date (yyyy/mm/dd)

Documentary Guidelines
Document

Filename

Location

Refund Policy

RefundPolicy

Administrative Procedures

Refund-AdminProcedures

Original of the completed form is to be sent to Admissions for the student file and a copy given to the student.