



**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**

<b>1. UWI Student ID Number</b>					
<b>2. Name</b>					
Title	Last Name/Surname	First Name	Middle Name(s)		
<b>3. Permanent Address:</b> Apt/Street/PO Box			<b>7. Mailing Address</b> (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
<b>4. Home/Permanent Phone</b> (       )			<b>8. Mailing Address Phone</b> (       )		
<b>5. Cell Phone</b> (       )			<b>9. Work Phone</b> (       )		
<b>6. Email Address</b>			<b>10. Fax Number</b> (       )		
			Ext:		

**SECTION B - ACADEMIC PROFILE**

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

**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.**