



# REFUND CLAIM FORM

(FOR TUITION FEES ONLY)

1. All refunds will be made to the original payer
2. For refunds in connection with student loans please attach the SLC notification letter to this form.

**IMPORTANT- Fields marked with asterisk \* are mandatory and must be completed in full.**

## Part One - To be completed by applicant (Student)

1. Title (Mr/Mrs/Miss/Ms/Other)	2. Surname/ Family name *
3. First or Given Name/s *	4. Student Number *
5. The Original payer *	6. Original Payment Receipt Number
7. Programme (Course) Name *	8. Academic Faculty <input type="checkbox"/> FMC <input type="checkbox"/> SCI TECH <input type="checkbox"/> BUBS <input type="checkbox"/> HSS
9. Your Contact Address *	
Post Code	
10. Date of withdrawal (if applicable)	12. Amount of refund claimed *
13. Reason for claiming refund of fees *	

**DECLARATION - All the information provided on this form is true and correct**

Signature of applicant \*       Date \*

OFFICE USE ONLY

## Part Two - To be Completed by ACADEMIC FACULTY for WITHDRAWALS ONLY

AUTHORISED - BUDGET MANAGER	Amount of refund approved
Contact Number.....	£
Signature.....	Print.....

## Part Three - Financial and Commercial Services

Receipt Number	<input type="text"/>	Payment Cleared (Date)	<input type="text"/>
Refund Ref	<input type="text"/>	Credit note	<input type="text"/>
<b>General Ledger refunds -</b>	Account code	Activity code	<input type="text"/>

AUTHORISED - FINANCE OFFICE CONTROLLER (Signature)	Amount of refund (Actual)
	£

**Please return this completed form by email to [fees@bournemouth.ac.uk](mailto:fees@bournemouth.ac.uk)**