

## **REQUEST FOR REFUND**

The personal information requested on this form is collected under the authority of Section 33(c) of the *Alberta Freedom of Information and Protection of Privacy Act* and will be used to process your request for a refund of program or course fees. For information about the collection and use of this information, contact the Accounts Receivable team <a href="mailto:area">ar@norquest.ca</a>

Student ID #:		Last Name:	Fi	First Name:		
Apt #:	Street Add	ress:	Ci	ty/Town:	Postal Code:	
Telephone (	– Home:	Telephone – Cell:	Er	nail Address:		
Program/Course to be refunded:			Pr	Program/Course Term:		
Special Inst	tructions/Informa	ation: 🖯 Cheque to Pick L	Jp			
Student Signature:				Date:		
☐ If you are an <b>international student</b> , check this box and submit the form to <a href="mailto:enrolment@norquest.ca">enrolment@norquest.ca</a> . If your initial payment method was wire transfer, complete the banking information below.				☐ If you are a <b>Canadian citizen or permanent resident</b> , check this box and submit the form to <u>ar@norquest.ca</u> and do <b>not</b> complete the banking information below.		
		our initial payment method was	s wire transfer, fill	out the information b	elow for your refund.	
io	Account #: Bank:					
nat	ABA Routing #:					
orr	SWIFT:					
Bank Information	Bank Name & Add	dress:				
	Currency:	Canadian: U.S	S.: Other (S	pecify):		
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>	Name:					
Beneficiary	Address:					
	City:					
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REFUND M	1ETHOD: 🗆 CH	 IEQUE □ VISA □ MAST	ERCARD 🗆 AP	AS 🗆 SELF-SER\	/ICES □ WIRE TRANSFER	