

Continuing Studies Refund/Deferral Request Form

STUDENT INFORMATION	
Last Name	First Name
Langara ID #	Email
Mailing Address (Unit #, Street, City, Province, Country)	

REFUND **DEFERRAL**

Program Name: _____ Term/Date: _____

Reason:

Tuition Amount (CA\$) _____

Supporting Documents as Required

Student Visa Refusal Letter from Immigration, Refugees, and Citizenship Canada (IRCC)

Other: _____

Student Signature	Date
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OFFICE USE ONLY		Student assisted by:	Date:
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Reviewed by	CRN(s):	<input type="checkbox"/> Full Amount	<input type="checkbox"/> Refund to student or third party
Date	Total refunded (CA\$)	<input type="checkbox"/> Minus commitment fee: CA\$ _____	<input type="checkbox"/> Defer to future term/session
		<input type="checkbox"/> Minus \$70 wire fee	<input type="checkbox"/> Transfer to Regular Studies
			<input type="checkbox"/> Hold as credit in student account

Comments

