

Application For Refund Of Membership Fee

Name:	Date of birth:
Address:	Postal code & city:
Phone:	Student number:
IBAN:	SWIFT:

Undergraduate student Postgraduate student

Refund requested for (tick option):

Student Union fee: Whole academic year Autumn semester Spring semester

FSSS fee: Whole academic year Autumn semester Spring semester

Grounds for refund: _____

Date: _____ Signature: _____

Study Services notes (Office use only):

Other: _____ Processing date: ___/___/20___ Official: _____

Academic year sticker removed from the student card

Note: Submit to Study Services by Sept 30 (autumn) or Jan 31 (spring). Attach receipt.

