

# 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

Grounds for refund:

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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.



LAPIN YLIOPISTON YLIOPPILASKUNTA  
THE STUDENT UNION OF THE UNIVERSITY OF LAPLAND

Yliopistonkatu 8, 96300 Rovaniemi  
lyy@lyy.fi  
+358 44 787 5670