

## Refund Request Form

# NORTHERN

## Regional College

Student ID:						
Student Name:						
Address:						
Course Code:						
Course Title:						
Course Start Date:			Last Date Attended:			
Amount Paid :						
Reason for Refund Request:						
In the event of your refund request being authorised, please provide bank details below						
<b>Bank Account holder's Name</b>		<b>Sort Code (6 digits)</b>		<b>Account Number ( 8 digits)</b>		
<p><b>I hereby authorise Northern Regional College to make payment due to me personally, into the Bank Account details above. In doing so, I acknowledge that Northern Regional College will have discharged its liability to pay me that sum. If the account holder(s) do not pay me that sum received by them then I will only seek recovery of the sum from the account holder(s)</b></p>						
<p><b>NB: Only courses cancelled by NRC will receive a full refund and all refunds must be applied for within the academic year. All other requests are subject to approval in accordance with the NRC Refund Policy, details of which can be found at <a href="http://www.nrc.ac.uk">www.nrc.ac.uk</a>. Please email your form to <a href="mailto:jennifer.mcallister@nrc.ac.uk">jennifer.mcallister@nrc.ac.uk</a> or post to Jennifer Mc Allister, NRC, 2 Union Street, Coleraine, BT52 1QA.</b></p>						
Signature:				Date:		
<b>Office Use Only</b>						
Course Code:			Session Code:			
			Course Start Date:			
<b>Timescale for Refund:</b>		Within 2 weeks of payment:				
		Medical evidence provided:				
		Exceptional circumstances:				
<b>Total Course Fee Due:</b>		<b>Amount Paid:</b>		<b>Refund Due:</b>		
Paid by Sponsor:	Yes:	No:		Sponsor Name:		
Withdrawal Form Completed:	Yes:	No:		By:		
Prepared by: (Campus Co-ordinator)				Date:		
Approved by: SAI Manager				Date:		
Quality Issue Extra Refund Authorised by:				Date:		