



INTERNATIONAL STUDENT REFUND FORM

I, _____ authorize Confederation College to issue a refund in my name or my designate, according to the following instructions.

- Refund type (please check one):
- Electronic Funds Transfer (\$15 fee)
- Cheque (Only available for refunds to be sent inside Canada)

Please process the refund, payable to the following individual. I understand that a refund will take a minimum of four weeks from the time a complete refund request package is received by Confederation College.

Beneficiary Name			
Beneficiary: Street Address			
City		Province/State	
Postal Code, if applicable		Country	

Please complete the following bank details **ONLY** if the funds are being returned by Convera.

Beneficiary Bank Account Number	
Beneficiary Bank SWIFT Code	
Routing Code (IFSC/BBK/IBAN)	
Beneficiary Bank Name	
Beneficiary Bank Street Address	
City, Province or State	
Country	
Currency of Account	

Student Name

Witness Name

Student Signature

Witness Signature

Date Signed

Date Signed

In case further information is required, my contact information is (Address, Phone number, and Email):
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