



## International Student Withdrawal and Refund Policy WAIVER

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date (yyyy/mm/dd): \_\_\_\_\_

I \_\_\_\_\_ declare that the following person made a tuition payment on my behalf and I hereby authorize Confederation College to release the refund payment, as per the terms of the International Students Withdrawal and Refund Policy, to this individual.

I recognize that all refunds will be issued in the same method of payment and to the same account and country of origin as the original payment received.

If the refund payment will be made by an electronic funds transfer, I understand that banking charges will apply and additional banking information will be required. Please contact the International Education Centre for these details.

Name of Individual (who made the initial payment, & to whom refund will be released):

Complete Address:

Phone Number:

E-mail:

Method of initial payment:

Cheque

Wire Transfer / EFT

Credit Card payment

Other (please specify)

\_\_\_\_\_

I understand that a refund request will take approximately 8 weeks to process. This is subject to the submission of all complete and accurate information and meeting the terms of the International Student Withdrawal and Refund Policy.

Print Name of Student:

Witness Name:

\_\_\_\_\_

\_\_\_\_\_

Signature:

Witness Signature:

\_\_\_\_\_

\_\_\_\_\_