

TUITION REFUND INVOICE

Reference No: _____

Date: _____

[Institution Name]
[Address Line 1]
[City, State, Zip]

Student Details:

Name:

ID Number:

Program:

Withdrawal Info:

Enrollment Date:

Withdrawal Date:

Refund Eligibility %:

Description	Original Amount	Refund Amount
Tuition Fees	\$	\$
Lab/Course Fees	\$	\$
Housing/Board (Pro-rated)	\$	\$
Administrative Withdrawal Fee	-	(\$)
Total Refundable Balance: \$		_____

Notes:

Authorized Signature: _____

Registrar's Office Date: _____

Please allow 10-14 business days for processing and fund disbursement.