

REFUND INVOICE

Institution Name: _____

Address: _____

Date: _____

Invoice #: _____

STUDENT INFORMATION

Full Name: _____ Student ID: _____

Program/Course: _____ Withdrawal Date: _____

TUITION CALCULATION

Description	Original Amount	Refund %	Refund Amount
Tuition Fees	\$	%	\$
Lab/Material Fees	\$	%	\$
Other Fees	\$	%	\$

Gross Refund Total:	\$
Less: Administrative Fee:	(\$)
Less: Outstanding Dues:	(\$)
NET REFUND DUE:	\$

Refund Method: Check Wire Credit Card Original Payment Method

Notes:

Registrar/Bursar Signature

Date Signed