Refund Request

Date:				Ref	und:	Mail	or	Pick up				
Name of Payee:												
Student Name:			Receipt#:									
Mailing Address:												
Unit #	Street	City				Postal Code						
Day Time Phone Nur	Day Time Phone Number:			ail: _								
Course(s) Requesting Refund From:												
			Completed		Withdrawir	ng						
Course name:												
Course name:			Completed		Withdrawir	ng						
			Completed		Withdrawir	าต						
Course name:			о оттриосо и	_		-9						
			Completed		Withdrawir	ng						
Course name:												
Calculator returned:		_□	Yes		No							
**PLEASE NOTE: YOUR REFUND WILL <u>NOT</u> BE PROCESSED UNTIL <u>ALL</u> TEXTBOOKS AND/OR CALCULATORS ARE RETURNED												
REASON FOR WITH	IDRAWAL: *	MU	IST have at leas	st on	e reason	selecte	d					
□ Course Completed □ Employment □ Illness □ Transfer to another School □ Moving/Moved Away □ Schedule Change/Conflict												
Cheques will take 2-3 weeks to be written and processed.												
Students Signature:					Date	:						

The personal information collected on this form is required for the operation of the Continuing Education Program of School District No. 61. It is subject to the Freedom of Information and Protection of Privacy Act and will be kept secure and confidential according to the Act.

OFFICE USE ONLY								
Payment:	Decelot Noveles		Data					
Amount:	_ Receipt Number:		Date:					
Amount:	Receipt Number:							
Amount:	Receipt Number:							
Refund:								
Amount:	Cheque Number:		Date:					
Amount:	Cheque Number:	Date:						
LIBRARY RESOURCE VERIFICATION:		Date:						
Completed by								
		All resources re	eturned to library:	Yes	or	No		
GREATER VICTORIA SCHOOL DISTRICT CONTINUING EDUCATION PROGRAM								

□ Withdrawn in MyEd