REFUND FORM



1. Student's details												
First name/s] Last na	ame							
Student ID				Addre	SS							
Nationality												
Phone Email Email												
2. I would like a refund of my:												
Tuition fees Accommodation Bond Other												
3. I am requesting a refund for the following reasons:												
Graduation			Withdra	awal				Other	(pleas	e speci	ify)	
4. Your bank account details (please complete your preferred option, A or B): Option A – New Zealand Account Number:												
]		
Option B – Overseas Account Number (please note NZ\$25.00 bank transaction fee will be deducted from your refund).												
Name of Account Holder												
Bank:				Branch	ո։							
Country:					Branch Address:							
Swift Code:												
5. Student's Declaration I hereby request IPU New Zealand to refund any Tuition, Accommodation and/or Bond upon completing and handing this refund to Administration Services. If I have any outstanding monies owed to IPU New Zealand, I agree for this amount to be deducted from my bond or refunds.												

REFUND ASSESSMENT – IPU NZ STAFF SECTION

STEP 1 – Academic Registry	Team								
Reason for Refund:									
Calculated Refund	Tuition			commodation	Bond		Other(specify)		
(attach supporting documents)					Bona		C and (op con / /		
,	\$		\$		\$		\$		
	,				'		7		
Payment Due Date									
Processed by:									
Name:		Date:			Signatur	0.			
Name.	Date.				Signatur	e.			
STEP 2 - Finance Team									
	Amount of Refund			Monies owing		Amour	nount Payable		
	(taken from above)						•		
Tuition									
Accommodation									
Bond									
Other (specify)									
Other (specify)									
				Total Payable					
Processed by:				Total Fayable					
Name:		Date:			Signatur	0.			
Name.		Date.			Signatur	С.			
CTED 2. Assured for Davis									
STEP 3 - Approved for Payn						Б.			
Academic Registry Manage						Date			
Student Support Manager	Signa	ture				Date			
(if applicable)									
Finance Manager	Signa					Date			
Assistant BOT	Signa	ture				Date			
_									
STEP 4 – Payment Confirma	ation								
Payment Date: Total amount payable:									
					, . , . ,				
Processed by:									
Name:		Date:			Signature	:			
i i i i i i i i i i i i i i i i i i i		Date.			Jigitatare				

Copy to Academic Registry