



## Refund Request Form

After completing this form, please return to **ACBT Finance Dept** in person (hard copy) or email [Chanuri.Bopage@acbt.lk](mailto:Chanuri.Bopage@acbt.lk)

Date: \_\_\_/\_\_\_/\_\_\_

Student ID:		Phone number:	
Family Name:		First Name:	
Semester ID:		Current week No:	

I am applying for the refund ( <input checked="" type="checkbox"/> )	<input type="checkbox"/> Before commencement of the semester
	<input type="checkbox"/> Before end of week 2 of the semester
	<input type="checkbox"/> Before end of week 4 of the semester
	<input type="checkbox"/> After week 4 of the semester
	<input type="checkbox"/> other ( specify )

Reason for Refund Request ( <input checked="" type="checkbox"/> )	<input type="checkbox"/> Release of 25% advance
	<input type="checkbox"/> to request for balance funds in my account at the end of my course
	<input type="checkbox"/> to request for my funds after withdrawal from the course
	<input type="checkbox"/> other ( specify )

Amount to be refunded:	Rs
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**PERMISSION DECLARATION:** I declare that I have obtained permission from my parents/legal guardians to obtain this refund:

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Please note:** Refunds will be paid by cheque only

### Student Declaration:

I confirm I have read and understood the ACBT Refund Policy <https://www.acbt.net/policies> or <https://www.acbt.net/documents-and-forms> and wish to apply for a refund in the full knowledge that if I do not pay the tuition fees for further enrolments and all future study periods by the deadline(s) indicated by the College then ACBT may not allow me to enrol, **OR**, I may not be able to enrol in the units of my choosing, **AND** I may be charged a late enrolment fee, **AND** I may not be allowed to enter into a payment agreement. I also understand that if I collect the refunds after withdrawing from the course, and subsequently decide to re-enrol, I will have to follow the new student enrolment process paying all fees including the enrolment fee.

Students Signature:		Date:	
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### ACBT OFFICE USE ONLY (this section)

Finance Department	Received by:		Date:		ID sighted <input type="checkbox"/> Yes <input type="checkbox"/> No
Fees Reconciliation & Calculation					
Amount to be paid	Rs				
Signed/Authorised	Finance & Admin Director, Accounts:		Date:		