

INTERNATIONAL STUDENT WITHDRAWAL AND REFUND FORM

Withdrawal from semester: Fall (.20) Wint	er (20) Spring (20	_)
Student Name:		_ Student ID number: 100	
Address (Canadian address):			
City:	Province:	Postal Code: _	
Email address:	Phone nur	nber in Canada:	
Reason for Withdrawal:			
Program:			
Currently enrolled in semester:	or	Not yet enrolled	
Banking Details if Refund is Due: Fisted as the beneficiary below. If t waiver details are not required. If t information and waiver is required. Refund requests will take up to eig	he payment was r the payment was	made through Flywire, the b made by another payment p	anking information and provider, the banking
package is received by Confederati	•	,	
Banking Information:			_
Beneficiary Name			
Full address of beneficiary			
Beneficiary account number			
Beneficiary bank SWIFT code			
Routing code (IFSC/BBK/IBAN)			
Beneficiary bank name			
Beneficiary full bank address			
Country of beneficiary bank			
Currency of account			
Refunds to accounts in Canada or l	JS require the ba	nking institution number and	d transit number
Institution number			
Transit number			
Student Name		Student Signatu	ire
Date (yyyy/mm/dd)			