



Waiver for refund of international students

Student Name: _____

Student ID: _____

I _____ declare that the following person made a tuition payment on my behalf, and I hereby authorize Confederation College to release the refund payment, as per the terms of the International Students Withdrawal and Refund Policy, to this individual. I recognize that all refunds will be issued in the same method of payment and to the same account and country of origin as the original payment received. If the refund payment will be made by an electronic funds transfer, I understand that banking charges will apply, and additional banking information will be required. Please contact the International Education Centre for these details.

Name of Individual (who made the initial payment, & to whom refund will be released):

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Beneficiary Phone Number: _____

Beneficiary E-mail: _____

I understand that a refund request will take approximately 8 weeks to process. This is subject to the submission of all complete and accurate information and meeting the terms of the International Student Withdrawal and Refund Policy.

Please do not fill out the waiver if the funds are being returned to you the student and were not paid to us by a third party.

Print Name of Student: _____

Signature: _____

Date (yyyy/mm/dd): _____