

# Student Refund Request



**Finance Department**  
 3333 University Way, Prince George, BC V2N 4Z9  
 Phone: 250-960-5510 Fax: 250-960-5794  
 Email: [finance@unbc.ca](mailto:finance@unbc.ca) Web: [unbc.ca/finance](http://unbc.ca/finance)

Student #		Date	
Last Name		First Name	
Current Address		City/Town	
Province		Country	
Postal Code		Refund amount requested	\$
<input type="checkbox"/> Direct deposit*	<input type="checkbox"/> Existing <input type="checkbox"/> New <input type="checkbox"/> Change	<input type="checkbox"/> Web	<input type="checkbox"/> Cheque by Mail <input type="checkbox"/> Financial Aid
Reason for Refund			
Signature			

Please return completed forms to: UNBC Finance by email from your UNBC email account, or by mail or fax (contact information at top right of form)

**\*\* No refunds will be processed between the first day of classes and the add/drop date\*\*  
 PLEASE ALLOW TWO TO THREE WEEKS FOR PROCESSING**

<b>This section to be completed by UNBC Finance Department</b>			
Requested by:	<input type="checkbox"/> Student	<input type="checkbox"/> Sponsor	<input type="checkbox"/> Registrar's Office <input type="checkbox"/> Financial Aid
Verifications:	<input type="checkbox"/> T2 clear	<input type="checkbox"/> Sierra clear	<input type="checkbox"/> TDFR _____ <input type="checkbox"/> GXADIRD
<b>Description</b>		<b>Amount</b>	
<b>Total Amount to be Refunded:</b>		<b>\$</b>	
Authorization Signature		Date entered	
Keyed by		Document #	
<input type="checkbox"/> Direct deposit	<input type="checkbox"/> Cheque by Mail	<input type="checkbox"/> Web	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Interac <input type="checkbox"/> Amex or Discovery <input type="checkbox"/> EPBC
<input type="checkbox"/> _____			

\* Refund forms requesting Direct Deposit for the first time will not be processed unless accompanied by a completed Direct Deposit Authorization form with supporting documents.