



APPLICATION FOR REFUND

Document No.: FM-TR-02-00

Effective Date: June 2, 2014

Date: _____

Name: _____

First Name

Middle Name

Last Name

Student Number: _____

Program/Year: _____

Term/SY: _____

Nature of Refund:

- Overpayment
- Cancellation of enrollment

FRESHMEN STUDENTS

Availed of Med/Dental? YES NO

Scholarship _____

Health Services: _____
Name & Signature

Others (Please specify) _____

Processed Card? YES NO

Attachments:

- Photocopy of official receipts
- Photocopy of CM
- Cancellation of enrollment form

DOIT: _____
Name & Signature

Student's Signature

Parent's/Guardian's Signature over
Printed Name

Contact No. _____

To be filled out by Treasury Department

Payment(s) made by the student:

Date	OR#	Amount
_____	_____	_____
_____	_____	_____

Scholarship Payment(s):

_____	_____	_____
_____	_____	_____

Add: TBC (if any)

_____	_____	_____
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Total Credits: _____

Less: Amount(s) deductible

(P _____)

(P _____)

Total Amount Refundable: P _____

Verified by:

Approved by:

MARINA BRILLO BAYAG
Assistant Treasurer

NOTE: IF TO BE CLAIMED BY AUTHORIZED REPRESENTATIVE, PLEASE PRESENT VALID ID OF THE PAYEE & AUTHORIZED REPRESENTATIVE INCLUDING DULY SIGNED AUTHORIZATION LETTER.