

1. PERSONAL INFORMATION

STUDENT ID (if available):	
SURNAME: DR/MR/MRS/MS/MISS	FORENAME:
DOB:	EMAIL:
PERMANENT HOME ADDRESS:	
POSTCODE:	
CONTACT NUMBER:	

2. COURSE DETAILS (INCLUDING CAMPUS)

COURSE TITLE:	COURSE FEE:
COURSE CODE:	AMOUNT PAID:
CAMPUS:	RECEIPT NUMBER:

3. REASON FOR REFUND REQUEST *(Please attach any supporting documentation/medical evidence to support your request. Requests received less than one week before the course start date can only be considered if supporting evidence is provided).*

PRIVACY NOTICE: Information gathered on this form will be processed within the provisions of the General Data Protection Regulations (GDPR) and used for the purpose of determining eligibility for a fee waiver/refund. The College is permitted to process personal data where there is a 'lawful basis' to do so. This processing is necessary for the performance of a **public task** or in the exercise of official authority vested in the College as a Data Controller e.g. SERC Fees Policy and SERC Fees Refund and Waiver Standard Operating Procedure. Your information may be shared with relevant College staff for the purpose of determining eligibility for a fee waiver/refund. It may also be shared with third parties where there is a lawful basis to do so. I realise that if I choose not to agree to these terms I will be unable to request a review of my fees liability. Further information on data protection and your rights are available on our website <https://www.serc.ac.uk/customer-privacy>

4. STUDENT SIGNATURE: _____ DATE: _____

For Admin Use Only:

Form Accepted by CSA:		Decision:	
Received Date:		Initials & Date:	
Logged Date:		Student Notified Date:	