



FEE WAIVER/ REFUND REQUEST FORM

T: 0345 600 7555

E: info@serc.ac.uk

Please return this form to Customer Services at your local main Campus

1. PERSONAL INFORMATION

STUDENT ID <i>(if available)</i> :	
SURNAME:	FORENAME:
DR/MR/MRS/MS/MISS	
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).*

4. STUDENT SIGNATURE: _____ DATE: _____

For Admin Use Only:

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

NOTE: The information provided in this application will be retained in compliance with the Data Protection Act (NI) 1998