REFUND REQUEST for STUDENTS AWARDS

Email completed form to Registrar@keyano.ca

Student Information

LEGAL LAST NAME		LEGAL FIRST NAME	DATE OF BIRTH (MMDDYYYY)
PROGRAM OF STUDENT			KEYANO STUDENT ID #
ADDRESS		CITY	PROVINCE	POSTAL CODE
PH #	HOME EMAIL	REFUND REQUEST AMOUNT	TERM YEAR YYYY

Requesting Refund for scholarship, award, or bursary ONLY.

Refund by Cheque ONLY.

Student Confirmation Statement

I understand that all requested information must be provided for my refund to be processed in a timely manner.

    Please hold the cheque for pick up.   Please mail the cheque to the address above.

STUDENT SIGNATURE	DATE

For Office Use Only

REQUEST TAKEN BY	COMPLETED BY (CASHIER)
AUTHORIZED BY	DATE