



COQUITLAM COLLEGE INC. Refund Request Form

Date: _____

Student Name: _____

Student Number: _____

Mailing Address: _____

Phone Number: _____

Email Address: _____

Type of Refund: Tuition Fees Amount \$ _____

Book Deposit Amount \$ _____

Other Amount \$ _____

Reason for Request: _____

Student Comments: _____

Please Note: Refund requests must be received in our Administration Office at least ten days prior to the last working day of the month; otherwise, cheques will be issued on the last working day of the following month.

If you require your refund payment to be paid to someone besides yourself, or if you have any questions regarding your refund please contact Jennie Park in our Administration Office at

JPark@coquitlamcollege.com