

STUDENT NAME & ID

BANNER NUMBER _____

FIRST NAME _____

LAST NAME _____

ADDRESS: _____

CITY/PROVINCE: _____

POSTAL CODE: _____

REASON FOR REFUND REQUEST:


Note: There is no refund unless you withdraw from the College. Refunds will be prorated based on the number of days remaining in 'meal plan days' or the remaining balance on your meal plan, whichever one is lower. Meal Plan refundable amounts will be applied to any outstanding balances on your student account, where applicable. A \$50 administration fee will be deducted from refund amounts issued.

Student Signature: _____ **Date:** _____

CLC OFFICE USE ONLY:
Amount outstanding for residence fees: \$ _____

Authorization for Meal Plan Refund:

PRINT NAME _____

SIGNATURE _____

DATE _____

ONE-CARD OFFICE USE ONLY:

A. Current balance on meal plan A \$ _____

B. Pro-rated Amount = original amount x percentage

Pro-rated based on # days remaining in meal plan

$$\frac{\text{DAYS REMAINING}}{\text{TOTAL DAYS}} = \frac{\text{PERCENTAGE REMAINING}}{\%} \times \$ \frac{\text{ORIGINAL AMOUNT OF MEAL PLAN}}{\text{ORIGINAL AMOUNT OF MEAL PLAN}} = \text{B } \$ \text{_____}$$

Meal plan refund is lesser of A or B Refund \$ _____

Authorization: _____ **Date:** _____

ACCOUNTING OFFICE USE ONLY:

Residence Meal Plan Refund Amount \$ _____ MPRV

Less: BALANCE OWING ON STUDENT ACCOUNT \$ _____

Less: Outstanding Residence Fees \$ _____ RSFE

Less: Administration Fee \$ _____ ONAF

Net to be refunded \$ _____ RFND

Authorization: _____ **Date:** _____