



Collège communautaire du Nouveau-Brunswick

Request for Refund

Student's name: _____ Address: _____ Apartment: _____ City, Province: _____ Postal code: _____ Program: _____ <input type="checkbox"/> 1st year <input type="checkbox"/> 2nd or 3rd year	Student ID: _____ SIN: _____ Email: _____ Telephone: _____ Program start date: _____ Date registered: _____ Last day in class: _____
Reason for request: _____	
Method of reimbursement: <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Paymytuition	
Student's signature: _____ Date: _____	

Reserved for CCNB

	Tuition Fees	Technology Fee	Health Insurance Fee
Total fees paid:			
Less non-refundable amount:			
* Less non-refundable amount (unsubsidized online courses)			
** Less processing fees:			
Subtotal :	- \$	- \$	- \$
Cost of living fees :			
TOTAL REFUND:	0.00 \$		

Refund to be sent to:

 Student: _____
 Student Loan: _____
 TSD: _____
 Paymytuition _____
 Other: _____
 Note: _____

* Subtract 25% of the tuition fees for unsubsidized online courses (not funded by government) since the CCNB will reimburse only 75% of tuition fees for this category of courses.

** Subtract 25\$, applicable for processing regular tuition fees.

Signature: _____	Registrar	Date: _____
Signature: _____	Financial Services representative of individual with spending authority	Date: _____

Financial code		
Tuition and Technology Fees:	67.6777.0000.0529.0000.0000.000000	0.00 \$
Cost of living fees :	67.6711.0000.0779.0000.0000.000000	0.00 \$