

**REQUEST FORM  
FOR  
REFUND OF EXCESS FEES**

TO: CAMPUS BURSAR

DATE: .....

NAME: .....

ADDRESS: .....

.....

CONTACT # .....

FACULTY: .....

STUDENT ID#: .....

I hereby request a refund of the excess fees from my student account in the amount of BBD\$ .....

Student's Signature .....

**FOR OFFICAL USE ONLY**

**Invoice No.** .....

**Amount Refunded** .....

**Received by** ..... **Date** .....

**Prepared by** ..... **Date** .....

**Checked by** ..... **Date** .....