



# International Office

## Deposit Refund Request Form

Name:	
Student number:	
Course applied for:	
Reason for refund:	<input type="checkbox"/> Change of Course <small>(if deposit payment is unable to be transferred)</small> <input type="checkbox"/> Refusal of student visa <input type="checkbox"/> Did not meet Academic or English Language conditions of offer <input type="checkbox"/> Did not obtain external funding <input type="checkbox"/> Course cancelled by Cardiff University <input type="checkbox"/> Deferral to a later session <small>(if deposit payment is unable to be transferred)</small> <input type="checkbox"/> Failed to start the course or withdrawal after enrolment <input type="checkbox"/> Exceptional circumstances
Documentation attached to support the above:	<input type="checkbox"/> Yes <input type="checkbox"/> No
How was deposit paid?	<input type="checkbox"/> Credit or debit card <small>(refund will be made to original card details)</small> <input type="checkbox"/> Bank transfer – please provide original full details so refund can be issued: ..... .....

To be completed by Cardiff University:

Refund approved?  Yes  No

Authorised Signatory: .....

Authorised Name: .....