

**GENERAL GUIDANCE**

This form should only be completed by students wishing to request a tuition fee refund in cases where exceptional circumstances prevented them from studying. Requests for tuition fee refunds can take up to six (6) to eight (8) weeks to be processed.

**INSTRUCTIONS**

All sections must be completed in full. If any sections have not been completed, your request will not be considered. The form must be completed by the student concerned and co-signed by the sponsor, if applicable. We will not accept forms completed by a third party.

**STUDENT DETAILS**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

AUM ID: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Program of Study: \_\_\_\_\_

Date: \_\_\_\_\_

**TYPE OF REFUND REQUESTED**

Admissions Deposit \_\_\_\_ Tuition \_\_\_\_ Housing \_\_\_\_ Other: \_\_\_\_\_

Semester: Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_ Year: \_\_\_\_\_

**REASON FOR REQUEST**

Please note that academic failure or failure to receive funding from a sponsor or grant is not considered to be an exceptional circumstance, as each student accepts full liability for the course fees at enrollment. Tuition fee refund requests will not be considered in these instances.

_____	<p><b>Visa Rejection</b> Evidence Required: Visa rejection letter from the Maltese Embassy stating reason for rejection.</p>
_____	<p><b>Medical</b> Evidence required: Medical Certificate or letter from doctor/medical professional</p>
_____	<p><b>Bereavement</b> Evidence required: Death certificate, plus evidence of your relationship to the deceased</p>
_____	<p>Other Please provide brief details and supporting evidence</p> <p>_____</p> <p>_____</p>

Supporting Evidence:

Is evidence attached to form? Yes \_\_\_\_ No \_\_\_\_

**Please note:** Requests for tuition fee refunds will not be considered unless supporting evidence is submitted with this form. Please only submit copies as original documents cannot be returned.

**REFUND ROUTING INFORMATION**

*Bank Details - You may need to contact your bank for the correct information requested below.*

1	IBAN	
2	SWIFT (for international transfer)	
3	Account Number	
4	Bank Name	
5	Bank Address	
6	City, Province/ State	
7	Country	

*Beneficiary Details*

1	Beneficiary Name	
2	Address	
3	City, Province/ State	
4	Country	

**Please Note:** No tuition refund will be processed without correct bank details. Bank information must match the source of the prior payments to AUM.

**SIGNATURE**

\_\_\_\_\_

Print Student Name                      Signature                      Date

If applicable:

\_\_\_\_\_

Print Sponsor's Name                      Signature                      Date

**OFFICE USE ONLY**

AUM Reviewer: \_\_\_\_\_                      Date received: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Refund Amount: \_\_\_\_\_

Date of Wire Transfer: \_\_\_\_\_

AUM Staff's signature: \_\_\_\_\_