



FEU-EAST ASIA COLLEGE

COLLEGE OF ENGINEERING • COLLEGE OF COMPUTER STUDIES

Accounting Office

REFUND FORM

DOCUMENTS TO BE ATTACHED:

1. Original Registration Form (RF)
2. Original Receipts
3. Withdrawal Slip, if withdrawn.

Student's Name:			
Student's ID No.:		Course:	
Reason for Refund:			
<input type="checkbox"/> Overpayment (ready-made check)	<input type="checkbox"/> Change of registration:	<input type="checkbox"/> Other reason (please specify):	
<input type="checkbox"/> Withdrawal of enrollment	<input type="checkbox"/> Dropping of subject	_____	
<input type="checkbox"/> Approved scholarship	<input type="checkbox"/> Petition of subject	_____	
	<input type="checkbox"/> Error in assessment		
Student's Signature:		Date:	

TO BE ACCOMPLISHED BY THE ACCOUNTING OFFICE

Refund Computation:

Total amount to be refunded in figures:
Total amount to be refunded in words:

TO BE ACCOMPLISHED BY THE REGISTRAR'S OFFICE

Check payable to (Name of Parent or Legal Guardian):
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Accounting Office		Registrar's Office
Prepared By:	Approved By:	Validated By:
_____	_____	_____
Signature Over Printed Name	Treasurer Signature Over Printed Name	Registrar Signature Over Printed Name
Date:	Date:	Date: