

Mission: To inspire lifelong learning and leadership through experience, excellence, and innovation.

Vision: Transforming the future through innovative learning.

Values: We value learner success, integrity, respect, community, excellence and innovation.

REFUND REQUEST FORM FOR INTERNATIONAL (Visa) STUDENTS

Please complete this form and attach it to an email to our Admissions Team at <u>admissions@lakelandcollege.ca</u> indicating your intention to withdraw. If you are currently attending Lakeland, you must also complete a "Withdrawal from College" form available in Student Services.

REFUND II	NFORMATION:						
Student First				Student La	est		
Name			Name D.O.B.				
Student ID #			(MM/DD/YYYY)				
Address							
City/ Province	ce						
Country		Postal Code					
Phone					Email Address		
Mailing							
Mailing Address (if							
different than above)							
REASON F	OR REFUND: (c	theck one)					
	permit was denie				on deposit payment is partially refundable if your e submitted within 4 weeks of the date on your denial		
Atten	nding another inst	itution (please atta	ch a copy of Lett	er of Acce	ptance from other institution)		
Othe	Other (please specify):						
the credit car	d. Payments mad		debit card or no		nt. When possible, credit card payments are refunded to ble credit cards are refunded by cheque in Canadian		
METHÓD (OF ORIGINAL P	AYMENT MADE	BY: (check one	e)			
Credit Card (check one) VISA Maste			Master	rCard			
Cash	Cash				Debit		
Flywire				С	heque		
Original Pay (DD/MM/YY				1			
PLEASE NOT be charged a	E : Refunds chequ	-	regular mail at no	o charge. I	f you want to have your cheque sent via courier, you will		
Check one: Send refund cheque via regular mail (no charge)			r mail (no	Send refund cheque via courier and deduct the \$50 fee from my refund			
STUDENT SIGNATURE:				Date:			