

INTERNATIONAL STUDENT PROGRAM LOUIS RIEL SCHOOL DIVISION

WITHDRAWAL DATE

The effective withdrawal date will be the date the International Student Program of Louis Riel School Division receives the completed LRATC Withdrawal Form.

REFUND POLICY (All Refunds are subject to a \$200 processing fee)

- | | |
|----------------------------------------------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Form submitted prior to First day of Class | 100% tuition – <i>less non-refundable deposit</i> |
| <input type="checkbox"/> Form submitted during the first 5 class days (1 st week) | 75% tuition |
| <input type="checkbox"/> Form submitted after 1 st week | NO REFUND |

Application fee (\$200 - non-refundable)
Seat Deposit Fee (\$1,400 - non-refundable*)

* Seat Deposit Fee (\$1,400) refundable only with submission of Visa Refusal forms prior to the start of the program

Students are advised that The Louis Riel School Division is not responsible for any losses, including tuition, resulting from unexpected or extenuating medical or personal circumstances that may arise while registered as a student. A request for an exceptional consideration outside of the normal refund timeframes must be submitted in writing with supporting documentation. Should such a refund be granted, it may be a prorated calculation based upon the length of time of attendance.

Last Name: _____ **First Name:** _____

Course Name: _____ **Start Date:** _____

PLEASE SELECT THE REASON FOR WITHDRAWAL:

- Withdrawal – Breach of LRSD Terms & Conditions (NO REFUND)
- Voluntary Withdrawal – may require documentation
 - Reason _____
- Visa Refusal (Visa refusal letter from CIC must be submitted)

Refund (method of payment) **Requested Amount (CAD):** _____

- Wire Transfer - Please complete the attached Bank Wire Template
- Credit Card - if original payment made with credit card
- Cheque - please provide Name & Address

Address: _____ **City:** _____ **Prov:** _____ **P Code:** _____

Signature

Date

Approved by: Director (or designate) *Name:* _____

Date: _____ *Signature:* _____