



Student Finance
Lincoln University
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Christchurch, New Zealand

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REFUND REQUEST FORM FOR DOMESTIC STUDENTS

PERSONAL DETAILS (all fields must be completed)

Student Name _____ ID Number _____

E-mail _____ Phone _____

Reason for Refund request _____

Amount of Refund request (subject to confirmation by Student Finance Staff) _____

I declare that the information provided on this form is true and correct. I also declare that the refund recipient's details provided on this form are correct and that the refund recipient is the genuine and appropriate person who should receive this refund.

Student Signature _____ Date _____

Receipt of Refund Request Form

Staff Signature _____ Date _____

To receive your refund, please select one of the following options. Please note that the University prefers to pay by Direct Credit where possible.

DIRECT CREDIT

Bank account number

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Account Holders Name _____

Bank _____ Branch _____

OTHER

Please specify how and reason why _____

Student Finance Use Only

Checked by _____ Date _____

Comments _____

