

Student Finance 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 S	Staff)
I declare that the information provided on this form is true and correct. I also declare that t this form are correct and that the refund recipient is the genuine and appropriate person w	
Student Signature	Date
Receipt of Refund Request Form	
Staff Signature	_ Date
Please select one of the following refund options.    [] DIRECT CREDIT – Bank account number	e and bank account number)

Student Finance Use Only	
Checked by	_ Date
Comments	