



Section for Economic and Financial Management

REFUND OF FEES APPLICATION FORM

CENTRE: INTERNATIONAL SCHOOL FOR POSTGRADUATE STUDIES (EIP) ACADEMIC YEAR: 20 /20

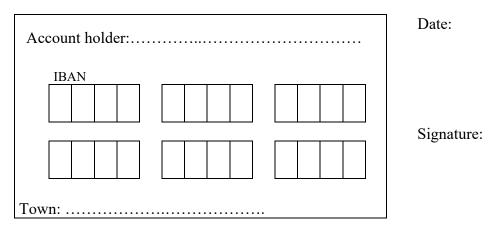
APPLICANT:

Mr/Ms	ID card
Address	Town
Province Postcode	
Address for communication	
Town Province	Postcode
Phone Email	

STATEMENT:

REQUEST: I hereby request a refund of the corresponding fees to the bank account indicated below.

BANK DETAILS (FILL IN ALL FIELDS)



RECTOR OF THE UNIVERSITY OF GRANADA

The personal data you provide in this form will be processed by the UNIVERSITY OF GRANADA, with headquarters in Avda. del Hospicio, s/n 18071 Granada, for its relevant purposes. You may exercise your rights of access, rectification, cancellation and opposition to the processing of your data by sending a written request to the University of Granada Secretary's Office at the address indicated above, accompanied by a copy of your ID card. This information is provided in accordance with Article 5 of Organic Law 15/1999, of 13 December, on the Protection of Personal Data.







After reviewing the application submitted, the reasons given and the documentation provided by Mr/Ms, with ID card number....., this Administration INFORMS that it IS/IS NOT APPROPRIATE to approve the request, leaving a record on the student's academic transcript, based on the following:

REASON:

.....

OTHER CONSIDERATIONS:

.....

PAID FEES	NEW FEES
ADMINISTRATIVE FEES	ADMINISTRATIVE FEES
ACADEMIC FEES	ACADEMIC FEES
first-time registration credits	first-time registration credits
second-time registration credits	second-time registration credits
third-time registration credits	third-time registration credits
STUDENT INSURANCE	STUDENT INSURANCE
ACADEMIC BONUSES	ACADEMIC BONUSES
ADMINISTRATIVE BONUSES	ADMINISTRATIVE BONUSES
TOTAL PAID	TOTAL TO PAY
ESTIMATED AMOUNT TO BE REFUN	DED

CANCELLATION DATE: VALIDATED CREDITS: NO. OF COURSES WITH HONOURS (A+):

Date:

Seal of the faculty or school

The Head of Service