

# Great Plains College Refund Request Form



Full Name of Student

Student Mobile Phone Number

Student Email Address

Student Mailing Address

Campus Location:

City, Province

Postal Code

Program:

Reason for Refund Request  
(Please provide rationale):

Withdraw

Transfer

Deferral

Program Difficulty

Family

Personal

Moved

Personal Illness

Employment

Financial

Child Care

Program Unsuitable

Seeking Employment

Reason Not Disclosed

Other

**\*Please attach all applicable documentation that supports your rationale for refund upon submission to Great Plains College.**

I, \_\_\_\_\_ certify that all documentation and rationale included in the refund request is legitimate and understand that any inaccurate information could jeopardize future acceptance to Great Plains College programming.

Student Signature:

Date of Refund Request:

**For Internal Use Only:**

Student Services Additional Information re: Student Refund

Original Method of Payment:

Student PSE Number:

GPC Refund

Approval

Rejection

Date:

Student Adviser Signature:

Date:

GPC Authorization:

Date: