



REQUEST FOR REIMBURSEMENT

AVP, Finance
The University of Trinidad and Tobago
Point Lisas Campus
Brechin Castle
COUVA.

Dear Sir/Madam,

I, _____ / UTT Student ID No: _____, Campus: _____
(Name of Student in Block Letters)

have applied and been accepted by your organization to pursue the

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Pre-University Programme | <input type="checkbox"/> Certificate | |
| <input type="checkbox"/> Certificate in Applied Engineering | <input type="checkbox"/> National Engineering Technician Diploma | |
| <input type="checkbox"/> Diploma | <input type="checkbox"/> Bachelor of Applied Science | <input type="checkbox"/> Full-time |
| <input type="checkbox"/> Bachelor of Applied Technology | <input type="checkbox"/> Bachelor of Engineering | <input type="checkbox"/> Part-time |
| <input type="checkbox"/> Bachelor of Science | <input type="checkbox"/> Bachelor of Education/Sports/Arts | |
| <input type="checkbox"/> Bachelor of Fine Arts | <input type="checkbox"/> Master of Science | |
| <input type="checkbox"/> Masters | <input type="checkbox"/> Phd. / M.Phil | |

in However,
Please state name of program

- I am unable to continue my program of study with the University (complete withdrawal from the program).
- I have requested and been approved for leave of absence from the
 - a) semester (state semester period) _____
 - b) academic year _____
 - c) course (state course code) _____ (course credits) _____
- I am unable to progress to the subsequent semester (academic suspension).
- I have paid an amount, which exceeds the required fees.
- I have completed my program of study with the Institution

As a result, I wish to apply for a reimbursement of the relevant fees, which I remitted. Details of fees paid to the UTT are as follows:

Receipt # _____
Receipt Amount \$ _____

Receipt Date _____
Amount Requested \$ _____

Yours sincerely,

Student's Signature

Date

PLEASE MAKE CHEQUE PAYABLE TO _____
Print Name in Block Letters

MAILING ADDRESS _____

Contact # : (Home) - _____, (Cell) - _____, (Work) - _____

Procedure for application of reimbursement of fees.

1. A reimbursement form must be filled completely and accurately.
2. A copy of the receipt(s) for payment(s) made for the relevant semester(s) must be attached to this form.
3. Copies of all supporting documents (copies of the Semester Registration Form, Request for Exemption; Request for Transfer; Request for Query; Withdrawal Form; Letters, etc.) must be attached to this form.

FOR COMPLETION BY STUDENTS ACCOUNTING

Semester Period: ___/___/___ to ___/___/___.

Semester #: _____.

FEE STRUCTURE <i>(fees paid by the student / on behalf of the student)</i>	FEES PAID / <i>(per semester / TT\$)</i>	FEES DUE <i>(per semester / TT\$)</i>	REFUND AMOUNT	ACCOUNT #
Tuition Fee				
Caution Fee				
Guild Fee				
Student Insurance				
Registration Fee				
Late Registration				
Co-op Fee				
Other				
Total				

FEES TO BE REFUNDED: TT \$ _____

COMMENTS ON REIMBURSEMENT:

Prepared by: _____

Date _____

Verified by: _____

Date _____

FOR OFFICIAL USE ONLY

COMMENTS OF AVP, FINANCE:

MR. CURTIS JAMES

Date

FOR USE BY CENTRAL ACCOUNTING DEPARTMENT