

Request for Refund

Surname	First name
Civil registration no:	E-mail address
Address	Country
Application no:	Program/course you are admitted to

Original payment made by	
<input type="checkbox"/> Card. Refund to be paid to the same card as it was payed from.	
<input type="checkbox"/> Bank transfer. Refund to be paid to the same account as it was paid from.	
Payment made by (if other than student)	
Amount of payment ¹	Date of payment
Reason for refund (Please attach supporting documentation e. g. visa refusal letter)	

Signature

By signing this form, I certify that all the given information and supporting documents are true and correct to the best of my knowledge. I hereby decline my study offer for the above mentioned programme/course.

Signature	Date
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¹ Bank charges up to 1000 SEK will be deducted from the refunded amount