Refund Request Form

Updated: Jan 01, 2025



To proceed with the refund process, please complete this form at your earliest convenience and bring it back to the accounting department or email to the following address: <u>refund@bau.edu</u>

Student Information

Student's Full Name:	Date of the Request:
Email address:	Phone number:
Student ID number/Application number:	

Reason for Refund Request:

- o Visa Denial* (*Additional documents are needed such as visa denial letter from the Consulate. Attach them to this form.)
- o Return of Cap and Gown
- o Withdrawal
- o Student housing deposit

Bay Atlantic University (BAU) will refund in the same manner as the payment was received (credit card payment, bank wire transaction, or check). The bank transaction fee, if any, is deducted from the total. Please note that BAU will only refund to the organization or person who made the original payment unless written consent is provided by the organization or person in question. Note that the time of this refund can take up to 45 calendar days. Please inform us promptly if you do not receive your refund after 45 days of filing this notice of cancellation. If a student elects to withdraw from specific course(s) or withdraw completely from the University, the following refund schedule will be used to determine any outstanding financial obligation for which the student may be responsible.

Time of written notice of withdrawal	Tuition refund
Up until three business days prior to 1 st day of the semester	100% of tuition paid
From within 3 business days of the start of the semester through 25% of the semester	50% of tuition paid
From 25% through 50% of the semester	25% of tuition paid
After 50% of the semester	No refund

Please note that certain fees and deposit payments like mandatory one-time or semester-based fees, application fee, the postage fee (courier fee), books and course materials fee, instructional supplies, and service charges rendered during this process are non-refundable. The bursar will check your request and verify the total amount that BAU will refund.

Please select the method you used to make the payment and provide the respective information:

A. Check Payments

Date:	Nam	Name and Last Name:			
B. Wire Transfer					
Bank Name:		Account Name:	Account Name:		
Bank Branch Address:					
SWIFT Code:		Account Numb	er:		
IBAN Number (if available)					
OR					
Intermediary Bank Name:			SWIFT Code:		
ABA Number:		Bank Address	Bank Address:		
C. Credit/Debit Card:					
Card Holder Name:		Card Number	Card Number:		
Expiration Date:		Security Code	Security Code:		
Additional Information (Required for	or Wire	e Transfers):			
Home Address (Street Name, Buildir	ng Nan	ne/Number, Apa	ırtment/Unit Nur	nber:	
City:	Sta	te:		Country:	
Zip Code:	Na	National ID, Passport or Tax ID:			
By signing this form, you verify that the information you provide on this form is correct. If the refund cannot be completed and/or rejected by banks because of any wrong/missing information on this form, <u>additional charges incurred by banks will be deducted in the second attempt of refund from the original refund amount</u> .					
Student's Signature:	Date:/				
(For administrative purposes only)					
Amount Paid:	No	Non-Refundable Amount: Refund Amount:			
Admissions Officer's Approval: (for visa denials)			Date c	 of Approval://	
Bursar's Approval:		_	Date of Appr	oval:	
Final Approval:	Date of Approval:				

(CFO or President)