

b. Wire Transfer

Bay Atlantic University Refund Request Form

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: refund@bau.edu

back to the accounting of	repartment of email to the following address	ss. <u>returid@bau.edu</u>
Student Information		
Full Name:	Date o	f the Request://
		number: ()
Student ID number/Appl	ication number:	
Reason for Refund Red	nuest:	
	ditional documents are needed, such as a	visa denial letter from the Consulate
 Return of Cap a 	and Gown	
 Withdrawal 		
 Student housing 	g deposit	
Refund Policy:		
original payment unless time of this refund can to your refund after 45 day withdraw completely from	ote that BAU will only refund to the organization or person in question protected up to 45 calendar days. Please informs of filing this form. If a student elects to we may the University, the following refund schedigation for which the student may be respondent.	ovides written consent. Note that the us promptly if you do not receive withdraw from specific course(s) or edule will be used to determine any
	Time of written notice of withdrawal	Tuition refund
	Before the semester starts	100% of tuition is paid
Danier Otradauta	2nd and 3rd week of the semester	50% of tuition paid
Degree Students	3rd and 4th week of the semester	25% of tuition paid
	After 4th week	No refund
For ESL students**	1st week of the module	75% of tuition paid
	2 nd , 3 rd and 4 th week of the module	No refund
**Must be qualified for a	refund	
application fee, the posta and service charges ren	fees and deposit payments like mandatory age fee (courier fee), books and course ma dered during this process are non-refunda tal amount that BAU will refund.	aterials fee, instructional supplies,
	d you used to make the payment and prov	ide the respective information:
a. Check Payments		
Date:	(Name and Last Name):	

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Bank Name:	Account Name:	
Bank Branch Address:		
SWIFT Code:	Account Number:	
IBAN Number (if available):		
<u>OR</u>		
	ABA Number:	
		(P.O. Box is not accepted)
c. Credit/Debit Card:		
Card Number:		Expiration Date:/
Security Code:		
Additional Information (Re	equired for Wire Transfers):	
Home Address (Street Name	e, Building Name/Number, Apartment	/Unit Number)
City:	State:	Country
Zip code:	National ID, Passport or Ta	x ID:
refund cannot be completed on this form, additional char	rify that the information you provide of and/or rejected by banks because of ges incurred by banks will be deducte	any wrong/missing information
refund from the original refu	<u>nd amount</u> .	
Student's Signature:		
	(For administrative purposes	only)
Amount Paid: \$	Non-refundable amount: \$	Refund Amount: \$
Admissions Officer's Approval: (for visa denials)	Date of Approval	
Bursar's Approval:	Date of Approval	
Final Approval:(CFO or President)	Date of Approval	