



AMERICAN UNIVERSITY OF SHARJAH
Finance Department

Refund Request Form

(PLEASE FILL APPLICATION AND PRESENT YOUR ID)	
ID #:	NAME:
EMAIL :	MOBILE#:
OTHER CONTACT PERSON:	TEL OF OTHER CONTACT:
STUDENT SIGNATURE:	

METHOD OF REFUND (TICK ON SELECTION)
CHECK _____ (TO BE COLLECTED IN 5 WORKING DAYS)

BANK TRANSFERS _____ (FILL WITH COMPLETE DETAILS)
A/C HOLDER NAME (AS SPELLED BY BANK):
BANK NAME:
BRANCH CITY/COUNTRY:
A/C # (IN FULL):
FOR INTERNATIONAL ACCOUNTS: ABA ROUTING# OR SWIFT CODE:

DRAFTS (CHECKS IN FOREIGN CURRENCY) _____ (FILL WITH COMPLETE DETAILS)
NAME (ON DRAFT):
TEL NO. (IN THE COUNTRY BEING MAILED TO) _____ OTHER NO. _____
PO Box: _____ ZIP CODE: _____
CITY: _____ COUNTRY _____

TO BE COMPLETED BY THE STUDENT ACCOUNTS DEPARTMENT:	
AMOUNT:	COLLECTION (DATE/DAY):
POS CHECKED YES _____ NO _____	ID VERIFIED YES _____ NO _____
APPROVAL SIGNATURE:	DATE:
REMARKS:	