

## **Appendix 8 – South West College Refund Policy**

The College will make every endeavour to run courses and programmes which are advertised; however, all courses are required to have a minimum number of students in order to contribute to operating costs. In some circumstances classes may be combined to improve class sizes, in some cases the College regrets that classes may have to be cancelled due to lack of demand. Refunds of fees for such courses will be issued within six weeks of the date the course was due to commence.

Students enrolling on any course can cancel or transfer within 14 days of enrolment (booking the course) and will receive a full refund of payments made or the difference in payment due, if transferring to another course.

If a student decides to withdraw from a course then a refund will not be granted unless the withdrawal falls under medical or Access NI grounds. A refund will be considered on verification of a doctor's certificate or relevant Access NI documentation.

The Principal & Chief Executive and /or the Director of Curriculum have the discretion to consider refund requests in unforeseen exceptional circumstances only.

Requests for refund of fees in such exceptional circumstances should be made by completing a Refund Request Form (Appendix 8B).

## Appendix 8B – Refund Request Form



| Refund Request Form                                                                                                                                                                                                                                                                                                                                                                      |                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Student Name and ID number                                                                                                                                                                                                                                                                                                                                                               |                                                          |
| Postal Address                                                                                                                                                                                                                                                                                                                                                                           |                                                          |
| Email Address                                                                                                                                                                                                                                                                                                                                                                            |                                                          |
| Phone Number                                                                                                                                                                                                                                                                                                                                                                             |                                                          |
| Course Title and Location                                                                                                                                                                                                                                                                                                                                                                |                                                          |
| Course Tutor                                                                                                                                                                                                                                                                                                                                                                             |                                                          |
| Last Date of Attendance                                                                                                                                                                                                                                                                                                                                                                  |                                                          |
| Reason for Refund Request<br>(please attach Doctor's Certificate if applicable)                                                                                                                                                                                                                                                                                                          |                                                          |
| Amount Paid at Time of Enrolment                                                                                                                                                                                                                                                                                                                                                         |                                                          |
| Payment by Instalments (please tick where applicable)                                                                                                                                                                                                                                                                                                                                    | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Student Bank Account Number                                                                                                                                                                                                                                                                                                                                                              |                                                          |
| Student Bank Sort Code                                                                                                                                                                                                                                                                                                                                                                   |                                                          |
| Date and Signature of the Student (and print name)                                                                                                                                                                                                                                                                                                                                       |                                                          |
| Approval/Decline by Head of Finance and Governance (and print name)                                                                                                                                                                                                                                                                                                                      |                                                          |
| Narrative                                                                                                                                                                                                                                                                                                                                                                                |                                                          |
| Date and Signature of Finance Staff                                                                                                                                                                                                                                                                                                                                                      |                                                          |
| Refund request to be forwarded to Finance Department in Omagh or scanned to <a href="mailto:accountsreceivable@swc.ac.uk">accountsreceivable@swc.ac.uk</a><br><b>Privacy notice</b><br>For more information on how we handle your personal data, please refer to the SWC privacy notice available on our website ( <a href="#">privacy &amp; data protection   south west college</a> ). |                                                          |