

STUDENT REFUND REQUEST FORM

(Please submit the completed Form with all the necessary documents to the Students Accounts office at, Jones Quartey Building (JQB)

Student ID Number: 10835579
Student Name : AGBO, SHEILA DELALI
Bank Account Name: AGBO SHEILA DELALI
Name of bank: ACCESS BANK Account number: 0241618592231
Branch of Bank : ACCESS BANK
Amount : GHS 1688
Phone number: 0559664402 /0502455242
Email address: SDAGBO@ST.UG.EDU.GH
REASON FOR REFUND (*Please tick)
☐ Scholarship ☐ Overpayment of fees ☐ Withdrawal of studentship
Funds meant for other institutions
Others (Specify) Completion
Please attach all the necessary documents i.e. scholarship letter, receipts, hall letters, photocopy of student ID card, admission letter (freshmen) and other relevant documents that support your application
Student signature:
*Please attach an authority note where the Bank Account Name is different from the applicant.

OFFICIAL USE ONLY

