

SRI LANKA INSTITUTE OF INFORMATION TECHNOLOGY

REFUND APPLICATION FORM

| UMU | Curtin | SLIIT |
|-----|--------|-------|
| | | |
| | | |

Refund type (please tick one as applicable)

| ./= Student's Signature:Student Reg.no: | = . | | Received the Cheque no:NIC No:Date: | ロフロ |
|---|--|---|---|----------------|
| Date | | 0 0 0 0 0 0 0 0 0 0 0 0 | Signature of the Receptionist | re. |
| que.The cheque should be collected before 6 months | tion of Payment/Che | hier at the time of collec ed.) | This slip will have to be surrendered to Cashier at the time of collection of Payment/Cheque. The cheque should be cand failing which the cheque will be cancelled.) | 100 - |
| an appeal in writing within 7 weeks the expiry of the 6 | our case by submitting | can request a review of yo Affairs. | If you are not satisfied with the decision, you can request a review of your case by submitting an appeal in writing within week processing period to Manager/Academic Affairs. | <i>~</i> _ |
| Submitting this application itself does not guarantee a refund of fees. Once received, your application will be assessed in accordance with the SLIIT Fees Refund Policy: Provided you have supplied all required documentation, you should be able to know the outcome within 6 weeks from the date of this application from the Finance Division. (Tel 011 7543110) | nce received, your ap | rantee a refund of fees. O mentation, you should be | Submitting this application itself does not gua Fees Refund Policy: Provided you have supplied all required docu from the Finance Division. (Tel 011 7543110 | D H H C |
| | | by acknowledged. | Your application for the refund fees is hereby acknowledged. | |
| P.T.O | Р. | 1 of 2 | | |
| | Student Signature: | | Date: | |
| | | | | |
| | | 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | ÷ |
| | | andatory to be filled) | Reason for seeking refund of fees: (Mandatory | |
| | | | Requested amount of refund: | |
| 4 | | 1) | (The original receipt must be attached) | |
| | Receipt Date: | | SLIIT Receipt No: | |
| | E-mail: | | Telephone No: | |
| | | | Address: | |
| Campus/ Matara Center / Kandy Center / e | Malabe Campus / Metropolitan Campus/ Matara Jaffna Centre/Kurunegala Centre | | Please circle the applicable Campus/Center: | |
| | | | SLIIT Student Registration Number: | |
| | | | Full Name: | |
| | | · · · · · · · · · · · · · · · · · · · | Section 1: Details of Applicant | 111 |
| | | | | |
| Completed refund Application form | plication form | E-receipt Bank Deposit Slip Completed refund Application form | E-receipt Bank Deposit Slip Completed refund Application form | |
| If the receipt is misplaced, Indemnity Bond (Please collect from the cashier) | | Scholarship holders Scholarship Letter OR | Semester Fee/Course Fee/Pro-Rata Fee Customer copy of the receipt OR | |
| | | 9 | Documents to be submitted: | |
| he relevant documents. | eption counter with 1 | t the application to Rece | Applicant should fill section 1 and submit the application to Reception counter with the relevant documents. | |
| Ö | Examination Fee/Other Fee | Examinat | ☐ Semester Fee | |
| | | | Je Comment | |

| The student has returned all library books and is cleared of all dues towards the library / A sum of Rs | | OFFICE | The refund amounting to Rsis/are recommended. | Relevant comments: - | (Malabe/Metro)*Delete whichever is inapplicable | Date Manager Academic Affairs (Registry/Examination) | Date Director Academic Affairs | 2 of 2 |
|---|--|--------|---|----------------------|---|--|--------------------------------|--------|
|---|--|--------|---|----------------------|---|--|--------------------------------|--------|

.

1