

## Form 6.27

### Request for Refund of Fees

Name of Student: \_\_\_\_\_

ID No.: \_\_\_\_\_

Course: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To  
The Principal  
International College of Auckland  
PO Box 15388  
New Lynn  
Auckland 0600  
New Zealand

Dear Sir

RE: Application for Refund of Fees

I wish to apply for a refund of fees because

Please pay my refund with a cheque made out to me and sent to my address shown on this letter.

Yours sincerely

**Office Use:**