



DAY COURSE FEES 2023/2024 REFUND REQUEST FORM

Payment of Refunds Important Information:

If you leave before the course is due to finish, you are required to return your Student ID Card. It is the property of the college and a refund **will not be issued** without returning your card.

Please be aware that refund of any monies will not be immediate. Requests will be processed in a timely manner but are subject to Cork ETB head office authorisation process and bank processing timings.

Students are only entitled to a refund of the QQI fee if they hold a full medical card in their own name. The cut-off point for the medical card refund is **the last day of term in September**.

Students who pay fees by cash/cheque are refunded by cheque. Refund cheques are printed by Cork ETB head office and may take up to 3 weeks. Refund cheques are posted to the home address on file in the college.

Students who pay fees by debit/credit card are refunded back on to the original payment card used. In most cases, the student receives the refund within 5-10 working days. Debit/credit card refunds can only be processed within 6 months from the date payment was taken. After this time, a cheque refund must be issued.

See below scale applied to requests for refunds:

Situation:	Refund:
Offer of a place on course is accepted & fees paid & then student informs college before classes commence that s/he is not taking up their place	Full amount of fees paid
Offer of a place on course is accepted & fees paid & then student informs college before 1st October that s/he is not proceeding with their participation	Fees paid less €50 from Student Services payment Less cost of any materials ordered/given Less any exam fees remitted to exam body
Student accepts a place and commences on course but leaves after 1st October	No refund except for any exam fees that have not been remitted to exam body

*****This section to be completed in full by the individual seeking the refund*****

Name of Student: _____

Phone Number: _____ Date of Birth: _____

Contact Email Address: _____
Any correspondence about this refund will be via email

Name of Course: _____

Reason for Refund: _____

Signed: _____ Date: _____

ONCE COMPLETED, PLEASE RETURN THE FORM TO THE COLLEGE OFFICE:

EMAIL ADDRESS: info@csn.ie

POSTAL ADDRESS: Admissions Office, Coláiste Stiofáin Naofa, Tramore Road, Cork

*****This section to be completed by the college office*****

Date Received: _____

College ID Returned? (tick box) Yes No

If no, please state why: _____

Classes Attended? (tick box) Yes No

Refund Outcome: (tick box) Approved Rejected

Any Comments:

Amount of Refund: _____

Request Authorised By: _____
Office Manager/Principal/Deputy Principal Signature

Date Refund Processed: _____

Date Student Notified: _____

Important Note:

A printout of the student's account statement from MIT confirming payment of refund should be attached to completed form.