

Tuition Fee Refund Request

Personal details

Applicant's name:

Personal Identification Number:

Email address:

Programme/course paid for:

Amount requested for refund:

Reason for requesting refund:

Bank account details

Account holder's name:

Account holder's address:

Bank name:

IBAN / BIC:

Date:

City:

Applicant's signature:

Send the completed application form to 'tuitionfees@mau.se' together with any relevant supporting documentation