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## REFUND REQUEST FORM

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### STUDENT DETAILS

Full Name: \_\_\_\_\_

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

Country: \_\_\_\_\_ Passport No.: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

### COURSE APPLIED FOR

Hospitality Operations Management

Accounting

Hotel Management

Information Technology

Business Administration

### COMMENTS

Please explain the reason(s) you would like to withdraw your application:

### BANK DETAILS FOR REFUND

Beneficiary (Bank) Name: \_\_\_\_\_

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

Account Number: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

IBAN Number: \_\_\_\_\_

Swift Number: \_\_\_\_\_

**Important Note:** ALL fields should be completed in order to proceed with review and consideration of your request for refund.

Student's Signature: \_\_\_\_\_

Please complete and return this form to the email [accounts@mesoyios.ac.cy](mailto:accounts@mesoyios.ac.cy) or via fax at +35725825068.