



For Office Use Only
Date Approved
Marked off in book.
Signed
Type of Refund: Resit Fee/Transcript/Parchment

REQUEST FOR REFUND OF FEES PAID TO EXAMINATIONS OFFICE

1 PERSONAL DETAILS

(i) Surname: _____ Title (Mr/Mrs/Miss/Other): _____

(ii) Forename(s) (in full): _____

(iii) Registration No: _____

(iv) Contact telephone number or e-mail address in the event of any queries:

2 REFUND DETAILS

Refund amount requested: _____ Amount of fees paid: _____

Date of payment: _____ Receipt/Ref. Number: _____

Payment made by: Cheque/Cash/Credit Card (Delete as appropriate)

Reason for refund: _____

3 ADDRESS TO WHICH REFUND SHOULD BE SENT

Postcode: _____

SIGNED: _____ **DATE:** _____

THIS FORM SHOULD BE RETURNED TO THE APPROPRIATE CAMPUS EXAMINATIONS OFFICE

For Coleraine & Portrush students:
Examinations Office
Room H231
University of Ulster
Cromore Road
Coleraine
Co Londonderry
BT52 1SA
Tel: 028-70324061
E-mail: examsce@ulster.ac.uk

For Belfast & Jordanstown students:
Examinations Office
Room 4F01
University of Ulster
Shore Road
Newtownabbey
Co Antrim
BT37 0QB
Tel: 028-90366422
E-mail: examsjn@ulster.ac.uk

For Magee students:
Examinations Office
Room MD130
University of Ulster
Northland Road
Londonderry
Co Londonderry
BT48 7JL
Tel: 028-71375258
E-mail: registrymg@ulster.ac.uk