

OPEN UNIVERSITY OF MAURITIUS

LEARNER FEE REFUND REQUEST FORM

Learner is strongly advised to refer to OU Refund Policy on Fees prior to filling this form

Request will be considered on a case to case basis by the Director (Academic Affairs)/Director (Open School) and approved by the Director-General, if a learner cannot follow the course subject to the Eligibility Criteria for Refund of Course Fees for Existing Learners.

[All applications for refund should be supported by documentary evidence and/or medical certificate as applicable]

PART A	LEARNER DETAILS		
Name of Learner		Learner ID	
		NIC Number	
Contact Number		Email address	
Course/ Programme		Intake/Cohort	
Year/ Semester request is made		Fees paid for current semester	Rs.....

PART B	Section 1: Request for Refund of Course Fees [New Learner]			
Induction date:		Attended:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If No, please indicate reason</i>				
<i>Please tick as appropriate</i>				
1.1 Eligible for Free Education and have paid Administrative Fee.			<input type="checkbox"/>	
1.2 Not eligible for Free Education and have paid Semester Fee.			<input type="checkbox"/>	
1.3 Not eligible for Free Education and have paid Full Programme/Course Fee.			<input type="checkbox"/>	
1.4 Have opted for Payment Facility - Course Fee.			<input type="checkbox"/>	

PART C	Section 2: Request for Refund of Course Fees by Existing Learner	
<i>Please tick as appropriate</i>		
2.1 Have paid Semester Fee / Full Programme Fee.		<input type="checkbox"/>
2.2 Eligible for Free Education and have paid Administrative Fee.		<input type="checkbox"/>
2.3 Have opted for Payment Facility.		<input type="checkbox"/>

DECLARATION

I have read, understood and agree to the terms of the "Application for Refund of Fees' at verso. I also agree to submit all the required documentary evidence and/or medical certificate.

Signature:

Date:

FOR FINANCE'S USE	
Date received:	Payment Mode: Payment details as at:
Signature:	Date:

FOR OFFICE'S USE	
Request recommended:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
If Request is denied, please state reason:	
Signature:	Date: