

Tuition Fee Refund Form

This form is designed for specific student refund requests and does not guarantee a refund. Please only fill your details in the form and attach a scanned copy of a cancelled cheque with this form.

A) PERSONAL PARTICULARS

Student Name in Full*: _____	Applicant ID*: _____
Name of Programme*: _____	Date of Birth: _____
Start Date of Programme*: _____	Telephone no*: _____
Email address: _____	

B) DETAILED REASON(S) FOR REFUND REQUEST *

C) REFUND DETAILS

Total Amount Paid by Student*: _____

Loan Details (if any loan taken, appropriate refund will be provided to the loan provider)

Loan Amount: Rs. _____

Loan Provider Name: _____

Bank Details for Refund to the Student:

Name and Address of bank*: _____

Account No*: _____

IFSC Code*: _____

Account Holder Name*: _____

If account holder name is different from the Student's full name then please provide the student's relationship with the account holder and reason for the difference: _____

* Mandatory Field

** I note that all bank charges will be borne by the beneficiary.

I wish to apply herewith for the refundable portion of the paid tuition fee. I confirm herewith that the information given in this document is true and correct. The refundable portion will settle all past and present claims that I have against the University/Institution or upGrad including the loan closure. Furthermore, I waive all rights to any and all actions and claims, whether civil or criminal, in law or at equity, against the University/Institution or upGrad and declare that the University/Institution and upGrad do not owe me any amounts hereafter, under any cause of action, suit, contract, controversy, agreements, promises, claims, demands or otherwise. I shall maintain the terms of this refund and related communication confidential and shall not disclose the same to any third party. I also confirm that I have read and I am aware of the refund/cancellation policy.

Signature

Date

FOR OFFICIAL USE ONLY	Processed by: _____ Academic Services Department
First date of notice of withdrawal: _____	Approved by: _____ Director
Amount refundable: _____	
Comment: _____	