

# TEACHING CENTRE REFUND REQUEST ENGLISH COURSES

## PERSONAL DETAILS

|               |                  |
|---------------|------------------|
| Student name: |                  |
| Student ID:   | Class name/code: |
| Tel. number:  | Email:           |
| IBAN:         | Account holder:  |

## STUDENT STATEMENT

Please give the **reason** for your refund request ( ✓ tick one box )

|  |                          |
|--|--------------------------|
| Relocation to a foreign country  | <input type="checkbox"/> |
| A serious medical condition requiring more than 3 weeks of treatment                       | <input type="checkbox"/> |
| The death of a close relative or family member   | <input type="checkbox"/> |
| A change in school timetable which causes a clash with the British Council course schedule | <input type="checkbox"/> |

Student/Parent signature .....

Date:

**This request form, along with the necessary documents (for example a medical certificate issued by the doctor), should be sent by email to [enquiries@britishcouncil.az](mailto:enquiries@britishcouncil.az).**

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## FOR OFFICE USE ONLY:

Request checked: .....

Date: .....

APPROVED

REJECTED

(Teaching Operations Manager) .....

Date: .....