

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 |  |
| A serious medical condition requiring more than 3 weeks of treatment |  |
| The death of a close relative or family member |  |
| A change in school timetable which causes a clash with the British Council course schedule |  |

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 learnenglish@britishcouncil.bg**

**FOR OFFICE USE ONLY:**

Request checked: ..................................... Date: ……………

APPROVED  REJECTED

(Teaching Operations Manager) ..................................... Date: ……………