



REFUND AUTHORIZATION FORM

Date: _____

Cash Office
OVCFA, UP Open University
Los Banos, Laguna

To whom this may concern:

This is in reference to my request for refund amounting to PhP _____ for the
 1st 2nd 3rd semester/trimester SY _____ due to:

- overpayment
- cancellation of subject/s enrolled, please indicate course no: _____
- withdrawal of enrollment
- adjustment in the assessment of fees (e.g. IMF)
- scholarship _____
- reduced fee/tuition fee exemption privileges
- others _____

Total assessed amount as reflected on the Form5 : _____ Amount paid _____

Paid thru: PNB OR # _____ Credit Card (OTC) Online Payment Remittance

I prefer to have my check:

- sent to my Learning Center at _____
I hereby authorize Ms. Fe V. Secreto of the Office of the University Registrar to claim my check and send it to my Learning Center at _____.
- sent through fast courier to my mailing address at _____
(Attach proof of payment of P150.00 for the mailing fee)

Documents to be submitted to the OUR:

General:
 Original copy of **Refund Authorization Form**
 Copy of the UP Form 5
 Photocopy of proof of payment;

Specific:
 For Change of matriculation
 photocopy change of matriculation form

For enrollment privileges
 original copy of approved Application for Privilege to Study at Reduced Fees (employee) or Certification of Eligibility for Tuition Privilege (dependent)

For students on scholarship
 photocopy of scholarship grant/ letter signed by the OVCAA

To be filled out by OUR
 LACKING DOCUMENT/S: _____

SIGNATURE OVER PRINTED NAME
PROGRAM: _____

 Learning Center Coordinator

To be filled out by the Registration Section – OUR

Processed by: _____ Date: _____

Refund Computation:

Amount Refundable: _____