|  |  |
| --- | --- |
| **Date \_\_\_\_\_\_\_\_** | **The Baltic International Academy, SIA**  **Reģ. Nr. 40003101808** |
| *Student Name* |  |
| *Surname* |  |
| *Citizenship* |  |
| *Date of birth* |  |
| *Address* |  |
| *E-mail* |  |
| *Phone number* |  |
| *Contract number* |  |

**APPLICATION**

Please refund tuition fee, due to

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(please, explain the reason)*

Bank name :

ACCOUNT HOLDER NAME :

ACCOUNT NUMBER :

Swift code:

IBAN Nr:

Bank address:

IFSC CODE :

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_ Surname

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International Relations Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Financial Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Registration Nr. \_\_\_\_\_\_\_\_, date\_\_\_\_\_\_\_\_\_\_\_\_*

*\** *Tuition fees will be refunded according to the provisions of the Study Contract, within 40 working days after the signing of the application and it’s registration.*