



Northern Marianas Technical Institute

P.O. Box 504880 Saipan MP 96950

Tel. No.: (670) 235-6684

REF NO.:

STUDENT REFUND REQUEST FORM

Course Title:	
Full Name:	
Student ID:	NRIC/SSN:
Date of Refund Request:	

REFUND DETAILS

Amount to be Refunded:		\$
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STUDENT'S SIGNATURE	PARENT/GUARDIAN'S SIGNATURE	RECEIVED BY REGISTRAR
_____ Name: Date:	_____ Name: Date:	_____ Name: Date:

FOR FINANCE OFFICE

Approved: <input type="checkbox"/>	Fiscal Specialist Signature: _____ Date: _____
Disapproved: <input type="checkbox"/>	CEO Signature: _____ Date: _____ Jodina C. Attao
Reason for Disapproved:	

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