|  |  |
| --- | --- |
| FROM:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (Name Surname)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (identification code or date of birth)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (address) | TO:  “HOTEL SCHOOL” Hotel Management College Ltd,  Smilsu Str. 3, Riga, LV-1050 Latvia |

**REFUND Application**

Select the reason of refund:

My education programme was cancelled due to an insufficient number of students.

My education programme is temporarily suspended or withdrawn completely without offering an alternative of continuing education.

I withdrew the registration/enrolment from the study programme within 30 (thirty) days before the commencement date of the studies.

I withdrew the registration/enrolment from the study programme later than 30 (thirty) days before the commencement date of the studies.

I submitted an application for a long-term visa or a temporary residence permit of Republic of Latvia in accordance to the deadlines set out in my study contract, by adding all the necessary supporting documents prescribed by law, and temporary residence permit or long-term visa was refused

I failed to submit the application for long-term visa or temporary residence permit of Republic of Latvia in accordance with the deadlines set out in my study contract, and temporary residence permit or long-term visa was refused.

Please refund my TUITION fee to my account as indicated below:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | Name, Surname: |  | | Account number (IBAN): |  | | Address: |  | | Country: |  | | Name of the bank and address: |  | | SWIFT code: |  | |  |

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Signature of STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, (NAME) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(SURNAME)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_hereby grant toHOTEL SCHOOL Hotel Management College my irrevocable consent to return the funds I paid instead of STUDENT to THE ACCOUNT ABOVE:

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Signature of PAYEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOLOWING RULES to REFUND APPLICATION APPLY.**

1. THE ORIGINAL OF THIS REFUND APPLICATION along with the bank statement of the payments and original of the study contract (if not provided already) made **MUST BE SENT by POST** to the following address: **HOTEL SCHOOL Hotel Management College**. Smilsu Str. 3 Riga, LV-1050, Latvia.
2. If ANY THIRD PERSON made initial payment to HOTEL SCHOOL Hotel Management College **instead** of THE STUDENT, PERSON WHO MADE ORIGINAL PAYMENT (**PAYEE**) SHOULD SIGN THIS REFUND FORM.
3. WITHOUT SIGNATURE OF PERSON WHO MADE ORIGINAL PAYMENT THIS REFUND FORM IS NOT VALID, WILL NOT BE ACCEPTED AND NO DECISION REGARDING REFUND WILL BE TAKEN.

I confirm that I have read and understood the **RULES to REFUND APPLICATION:**

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Signature of STUDENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_/\_\_\_\_\_/20\_\_\_\_ Signature of PAYEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_