

**ESOFT METRO CAMPUS
REFUND REQUEST LETTER**

Student Name: _____

ESOFT Registration ID: _____

Course Following Branch: _____

Date of request: _____

Tick the Category under which the refund is being requested:

Category A: Failure by ESOFT to offer the course as advertised

- A1. ESOFT has discontinued the program at the Student's registered branch
- A2. ESOFT has decided not to commence the scheduled batch
- A3. ESOFT has postponed the commencement of the batch the Student registered for, and the Student does not agree to wait.
- A4. ESOFT has significantly changed the schedule of the batch that the Student registered for, and the Student cannot attend classes.

Category B: The Student reverses the decision to pursue the course. Full refund claims under this clause are acceptable only if such request is made in writing, at least 7 days prior to the scheduled commencement of the course. Documentary evidence and other prescribed documents in the policy will be required to support the claim.

Category C: Medical reasons - The Student is unable to continue the course due to personal medical reasons of a serious nature, which manifested AFTER the registration with ESOFT. Relevant medical expert should confirm the diagnosis and certify that the student is unable to continue studies by signing the attached document.

Any other relevant description to justify the refund request:

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I confirm that the provided information is true and correct.

Date: _____

Signature (of Student or Guardian): _____

FOR OFFICE USE ONLY:

Branch Manager Confirmation. Confirm whether the following documents are attached with this claim:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Course offer letter provided by ESOFT (for HND and above) |
| <input type="checkbox"/> | Refund policy signed by the student |
| <input type="checkbox"/> | Signed student declaration |
| <input type="checkbox"/> | Student rules and regulations |
| <input type="checkbox"/> | Payments proof |
| <input type="checkbox"/> | Medical related documents (If any) |

Signature _____

Date: _____

Seal: _____