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SUBMIT THIS REFUND APPLICATION FORM WITH YOUR FRIEND'S APPLICATION/REGISTRATION CONTRACT

Register with someone new to the Centre for Continuing Education and you both save!
You will receive a 10% refund of your tuition fees.
Your friend will receive a 5% refund of their tuition fees.

The Fine Print (The rules):

You, "The Current Student", must be in good standing at Concordia University's Centre for Continuing Education.
Your friend, "The New Student", must never have applied to nor enrolled in courses or programs at the Centre for Continuing Education prior to this application.
You cannot benefit from this offer if you are a sponsored student, where a third party is paying for your tuition, BUT your friend can.
You and your friend must pay your own tuition and registration fees in full at the time of registration.
You can register online but your friend must submit a Registration Contract indicating the course(s) he/she wishes to register in along with full payment.
You and your friend can only sign and submit one Refund Application Form.
You will receive a 10% refund of your tuition fees and any registration or late registration fee you paid will also be refunded.
Your friend will receive a 5% refund of his/her tuition fees and any registration or late registration fee he/she paid will also be refunded.
The refunds for you and your friend will be processed eight (8) weeks following the start of the academic session.
The refunded amounts will be based on the tuition fees for the course(s) you are registered in at the time the refund is processed.

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CURRENT CCE STUDENT INFORMATION receives a 10% refund (Please Print)				STUDENT NUMBER
FAMILY NAME			FIRST NAME	
Date of Birth	YEAR	MONTH	DAY	EMAIL ADDRESS

My signature below indicates:
I have read and understand the rules indicated under the "Fine Print" section above.
I understand that should I not respect the rules indicated above no refund will be issued.

DATE	CURRENT STUDENT SIGNATURE
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NEW CCE STUDENT INFORMATION receives a 5% refund (Please Print)				FOR OFFICE USE
FAMILY NAME			FIRST NAME	
Date of Birth	YEAR	MONTH	DAY	TELEPHONE NUMBER
EMAIL ADDRESS			<input type="checkbox"/> Male <input type="checkbox"/> Female	CELLPHONE NUMBER

My signature below indicates:
I have read and understand the rules indicated under the "Fine Print" section above.
I understand that should I not respect the rules indicated above no refund will be issued.

DATE	NEW STUDENT SIGNATURE
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