**YEAR ABROAD REFUND APPLICATION FORM **



**Please use BLOCK CAPITALS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME** |  | **LAST NAME** |  | **USN** |  | |
| **EMAIL** |  | **COLLEGE** |  |  | |  |
| **FULL ADDRESS** |  | | | | | |

|  |  |
| --- | --- |
| **PAYABLE TO AND ADDRESS**  **(IF DIFFERENT TO ABOVE)** |  |

|  |  |
| --- | --- |
| **COUNTRY WHERE YEAR ABROAD IS SPENT** |  |
| **NAME OF THE UNIVERSITY ABROAD** |  |
| **NAME OF THE COURSE** |  |
| **DATES OF THE COURSE** |  |
| **TOTAL AMOUNT PAID, DATE OF PAYMENT AND CURRENCY** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Personal UK bank name details for reimbursement** |  |  |  |
| **Sort Code** | **xx** | **xx** | **xx** |
| **Account number** |  |  |  |
| **Please provide evidence of bank details – copy of the bank statement or screen shot of the online banking etc** | | | |

**AS SOON AS YOU HAVE PAID FOR YOUR COURSE, THIS FORM SHOULD BE COMPLETED AND SENT ELECTRONICALLY, ACCOMPANIED BY 1) RECEIPTS AS PROOF OF PAYMENT, AND 2) PROOF OF BANK STATEMENT. THESE SHOULD BE SENT FROM 1ST OF AUGUST 2020 ONWARDS AND PREFERABLY BY THE MICHAELMAS TERM 2020 BUT NO LATER THAN 30TH APRIL 2021, TO** [yearabroad@mmll.cam.ac.uk](mailto:yearabroad@mmll.cam.ac.uk)

**CLAIMS WILL NOT BE CONSIDERED AFTER 30TH APRIL 2021 – PLEASE RETAIN THE ORIGINAL RECEIPTS**

|  |  |  |  |
| --- | --- | --- | --- |
| **I certify that this claim is in accordance with my application to the Faculty Board for which permission has been granted** | | | |
| **SIGNATURE** |  | **DATE** |  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*Office use only\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

|  |  |  |
| --- | --- | --- |
| **AMOUNT APPLIED FOR:** | | **£** |
| **Authorised Departmental Signatory**  **(Choose one code on the right and delete the other)** | | **U.GJ.GJBA.ANGH.FAAA.0000 (Tuition)**  **U.GJ.GJBG.ALBE.EXZZ.0000 (COVID19)** |
|  | | **INVOICE NUMBER / DESCRIPTION**  YA year; duration of stay; country; institution; USN; full name; tuition/Covid Test  eg.YA 20/21; 30/09/20-31/12/20; EGYPT; INTERNATIONAL LANGUAGE INSTITUTE CAIRO; 3000000; MARY SMITH; tuition |
| **Print name** |  |
| **Date** |  | **Supplier No.** |