

**MODERN AND MEDIEVAL LANGUAGES TRIPOS PART II**

## REFUND APPLICATION FORM

**YEAR ABROAD 2018/19**

**Person to whom cheque should**

**be made payable (payee)..............................................................................................................................**

**FULL** Name........................................................................ College.............................................................

Country/countries where Year Abroad is being spent ....................................................................................

Address to which cheque should be sent: ......................................................................................................

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I apply for refund of **foreign university** **tuition fees** as follows:

Tuition fees at the University of...................................................................................................................

Nature of course...........................................................................................................................................

Dates of course.............................................................................................................................................

Cost in currency in which you paid & exact date on which you paid..........................................................

# DECLARATION

I certify that this claim is in accordance with my application to the Faculty Board for which permission has been granted.

Date...................................................... Signature............................................................................

**As soon as you have paid for your course, this form should be completed and sent,** **accompanied by a receipt/s as proof of payment,** from 1st August 2018 onwards and preferably by the end of Michaelmas Term 2018 but not later than 30 April 2019, to: the Year Abroad Office, Faculty of Modern and Medieval Languages, Sidgwick Avenue, Cambridge, CB3 9DA.

**CLAIMS WILL NOT BE CONSIDERED AFTER 30 APRIL 2019**

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**Please do not write below this line** PAYMENT VOUCHER - FOR FACULTY USE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CERTIFIED CORRECT FOR PAYMENTSIGNATURE.............................................DATE……………………………………. |  |  A/C  | £ | p |
| (fee) |  For office use only |  |  |