

Inter-institutional Postgraduate Program
“Cutting Edge Technologies in Vision Sciences”
Deposit Refund Application Form

APPLICANT DETAILS

Full Name	Click or tap here to enter text.	
Date of Birth	Click or tap here to enter text.	
Passport number	Click or tap here to enter text.	
Reason for non- enrolment (choose only one)	<input type="checkbox"/>	I did not meet entry requirements
	<input type="checkbox"/>	I was not granted a visa (attach a visa refusal letter to the email)
	<input type="checkbox"/>	University is no longer able to offer a place on my chosen program
	<input type="checkbox"/>	Other reason (please state reason below) Click or tap here to enter text.
Email address for notification for refund decision	Click or tap here to enter text.	

PAYMENT DETAILS

If your refund is approved, your deposit payment will be returned to the card or bank account from which the payment was made, minus an administration fee of 100€, (see exception in the refund terms policy statement) furthermore, any charges levied by the receiving bank will be paid by you. The University will not be liable for any shortfall due to exchange rate fluctuations. Please select the payment method below.

Payment method	<input type="checkbox"/>	I paid my deposit by card and this card is still valid
	<input type="checkbox"/>	I paid my deposit by card and this card has now been expired or cancelled. I understand that the University of Crete will contact me to obtain further financial information about my refund
	<input type="checkbox"/>	I paid my deposit via bank transfer, and I understand that the University of Crete will contact me to obtain further financial information from me
Reason for non- enrolment (choose only one)	<input type="checkbox"/>	I did not meet entry requirements
	<input type="checkbox"/>	I was not granted a visa (attach a visa refusal letter to the email)
	<input type="checkbox"/>	University no longer able to offer a place on my chosen program
	<input type="checkbox"/>	Other reason (please state reason below) Click or tap here to enter text.

*Email the form, together with any supporting documents, to cetvs@med.uoc.gr
Use the subject line “Deposit Refund Request”.*