**…./…./…….**

**T.R.**

 **ANKARA MEDIPOL UNIVERSITY**

**DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL AFFAIRS**

I am ………………………………………………………. My student number is ………………………………... I have paid …………………………….. USD to …………………………………. program for ……-……. academic year and I would like to request for refund of **………………. USD** according to the bank details specified below because ………………………………….

I confirm that the refund will be made to the bank account specified below.

**BANK NAME:**

**IBAN NO:**

**ACCOUNT HOLDER:**

**SWIFT CODE:**

 **NAME SURNAME**

 **SIGNATURE**