

APPLICATION FOR REFUND OF ACADEMIC FEES

University-Specific Qualifications

I. IDENTIFICATION OF THE APPLICANT

SURNAME(S) AND FIRST NAME
NATIONAL ID / FOREIGN RESIDENT ID / PASSPORT No.
STUDENT RECORD No.
ACADEMIC EMAIL ADDRESS
WHERE APPLICABLE, DETAILS OF THE LEGAL REPRESENTATIVE Full name, National ID / Foreign Resident ID / Passport No., and document proving legal representation

II. TECHNICAL DETAILS OF THE ENROLMENT FOR WHICH A REFUND IS REQUESTED

COURSE TITLE
ACADEMIC YEAR
AMOUNT OF ENROLMENT FEE PAID (€)
DATE OF PAYMENT

III. LEGAL BASIS AND STATEMENT OF REASONS

The undersigned, in their capacity as a consumer of educational services, hereby requests the refund of the amounts indicated above based on the following legal grounds:

Statutory Right of Withdrawal: Pursuant to Article 102 of Royal Legislative Decree 1/2007 of 16 November, approving the consolidated text of the General Law for the Defence of Consumers and Users, students have a period of 14 calendar days from the date of enrolment in which to exercise their right of withdrawal without penalty.

UCAM Economic Management Regulations: In accordance with Article 36.3, a refund shall be granted where the academic activity is not carried out for reasons attributable to the University, or where duly evidenced exceptional circumstances apply.

SPECIFIC REASON FOR THE REQUEST

(Proof of payment and the relevant supporting documentation must be attached)

This application is also submitted pursuant to the applicable regulations on consumer and user protection, in particular Royal Legislative Decree 1/2007, as well as the University's internal regulations and any other applicable related provisions.

Where appropriate, the applicant may exercise the complaint rights provided for under consumer protection regulations, as well as have recourse to out-of-court dispute resolution systems and to the European Online Dispute Resolution platform (ODR).

IV. REFUND INSTRUCTIONS

I request that the refund be made using the following method. Please tick one option:

	<p>CARD PAYMENT REVERSAL <i>Only if payment was done through the virtual POS terminal</i></p>
	<p>BANK TRANSFER <i>The student must be the account holder</i></p>
	<p>IBAN ES ____ / ____ / ____ / ____ / _____</p>

The applicant declares that they are the holder of the account indicated and authorises its use solely for the purpose of processing the requested refund.

V. DATA PROTECTION CLAUSE (GDPR)

In compliance with Regulation (EU) 2016/679 (GDPR) and Organic Law 3/2018 on the Protection of Personal Data and the Guarantee of Digital Rights (LOPDGDD), the applicant is hereby informed that the personal data provided shall be processed by Fundación Universitaria San Antonio (UCAM), with Tax ID number and registered office in Guadalupe, Murcia, as data controller.

The purpose of the processing is the administrative, financial and academic management of this refund application. The legal basis for the processing is the

performance of the educational services contract, compliance with legal obligations and, where applicable, the legitimate interest of the data controller.

The data may be disclosed to financial institutions, public authorities and other third parties where necessary to comply with legal obligations or to ensure the proper management of the case file.

The data shall be retained for the time necessary to process the application and, thereafter, for the legally required retention periods.

The applicant may exercise their rights of access, rectification, erasure, objection, restriction of processing and data portability by submitting a request to the Data Protection Officer at dpd@ucam.edu. They may also lodge a complaint with the Spanish Data Protection Agency.

The provision of the requested data is mandatory for the processing of the application. Failure to provide such data shall make it impossible to process the request.

In _____, on _____ 20

Signature of the applicant (or legal representative):

RECEIPT RECORD

For Administrative Support Centre / Economic Management use only

- Favourable report from the Director of the Qualification: [] YES [] NO
- Receipt of materials (Art. 36.5): [] YES [] NO / N/A
- Registry stamp and date: