



REQUEST FOR REFUND FOR SEMESTER PASS OR SEPTEMBER PASS

IN THE CASE THAT
STUDENT HAS A UPASS

UNIVERSITY OF MANITOBA: _____

UNIVERSITY OF WINNIPEG: _____

STUDENT'S FULL NAME: _____

STUDENT'S SCHOOL ID#: _____

HOME ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

NAME AS APPEARS ON CREDIT CARD (IF PURCHASE MADE ON-LINE): _____

LAST 4 DIGITS OF CREDIT CARD NUMBER USED (IF PURCHASE MADE ON-LINE): _____

IF PURCHASED AT A RETAILER, PLEASE ATTACH PHOTOS OF RECEIPTS (STORE AND TRANSIT RECEIPTS)

PS PEGGO CARD NUMBER: _____

UPASS PEGGO CARD NUMBER: _____

EMPLOYEE OF STUDENTS' ASSOCIATION OR UNION:

I CONFIRM THAT THE ABOVE STUDENT IS ELIGIBLE FOR A UPASS FOR 2022-2023 AND HAS BEEN CHARGED FOR THIS UPASS.

SIGNED: _____

PRINT NAME: _____

TITLE: _____

DATE: _____