CLASS CANCELLATION FORM

Date Rcvd:

written r within 30 provided cancellat	otice. Stud days. And below, wit	lent will be rea y refunds due hin 2 weeks fi ess than 30 da	sponsible for final to student will be go from cancellation date	Aloha classes will req months' tuition if not given via check, mail ate. NO REFUNDS FUNDS will be given	tice is not given ed to the address will be given for
	y Contac		ent than Primary Contact)		
Last Name	:	ill be written to the na	First Name:		
Current St	eet Address: I, if any, will be i				
City:		State:	Zip:	Contact Number:	
Current En	nail Address:				
Are you cu	rrently enroll	ed in autopay? □	Yes \square No If yes, m	ethod of payment: □ Cho	eck - MC - VISA
Studen	t Inform	ation:			
Class Day:	Class Time:	Class Type:	Stud	ent's Name:	End Date:
Reason fo	or Cancellat	ion:			
		OFFIC	CE STAFF INITIAL AN	ID DATE	
			C/_/	Access Binder	<u> </u>