Note: It is the responsibility of each student to familiarize himself/herself with the schools refund policy. A service fee is charged for classes not withdrawn prior to registration deadlines or two weeks prior to class start date for certificate programs 4 month or less or by withdrawal deadlines for certificate programs more than 4 months in duration. This form MUST be completed and returned to the school **ATTN: Admissions and Records to process the request** or emailed to admissions@ageefashioninstitute.com. Qualified refunds less service charges are returned within **30 days of receipt of petition**. Students on an Installment Payment Plan to meet the full tuition requirement is subject to a $ 25.00 non-refundable processing fee to enroll in the quarterly payment plan. The payment cannot be reversed once a plan is entered or signed.

**Date: Enter Date**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree/Certificate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I hereby petition for withdrawal from all classes for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Session I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Session II\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Session III\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Session IV\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Check this box if you are requesting a full/partial tuition refund due to an emergency medical situation, call to active military duty or financial hardship. You must attach supporting documentation if for military orders substantiating your request. All other situations may be stated below:

Amount of Refund Requested: $\_\_\_\_\_\_\_\_\_\_\_\_

I understand this petition must be submitted prior to registration deadlines for any and all certificate programs for a full refund less service charges or stated non-refundable fees or prior to registration deadline for each session if paying on an Installment Plan.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OFFICE USE ONLY**

Petition Denied Granted By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_