

Refund Request Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

E-Mail: _____

Class Registered For: _____

Date: _____

Amount: _____

Payment Type: Credit Card Check

Personal Check Name: _____

Agency Check Name: _____

Approximate date payment was made: _____

Signature: _____ Date: _____

Refund and Cancellation Policy: Cancellations received in writing one week prior to the course start date will be refunded and are subject to a 20% administrative fee. Cancellations received after this time are responsible for full payment and are not eligible for a refund. You may transfer your registration to another person if you contact the Continuing Education Program a minimum of one day prior to the program start date. The University reserves the right to cancel or modify any MSU School of Social Work Continuing Education workshop advertised. Contact (517) 432-6171 or e-mail swkce@msu.edu with your questions.

You may fax this form to: (517)353-3038 or mail it to:

MSU
212 Baker Hall
East Lansing, MI 48824

Interoffice Use Only

Refund Issued Date: _____

Type: _____

Issued to: _____

Comments: