

Refund Request Form

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Class Registered for: _____

Amount Paid: _____

*Refund Amount Requested: _____

How did you register for the course? (please select)

Online Mail Phone Other: _____

How did you pay for the course? (please select and fill in related information)

Check Check #: _____ Date: _____ Amount: _____

Name on Check: _____

Credit Card Online

Credit Card Mail (please note: we do not need CC# if paid online, only if mailed)

Name on Credit Card: _____

Credit Card #: _____

Exp. Date: _____ V-Code _____

Signature: _____ Date: _____

***Refund and Cancellation Policy:** Cancellations received in writing at least one week prior to the course start date will be refunded minus a 20% administrative fee. *Cancellations received after this time are not eligible for a refund.* We are unable to transfer your registration to another class or another person. The University reserves the right to cancel or modify any MSU School of Social Work Continuing Education workshop advertised. In the event MSU School of Social Work cancels an event, you will receive a full refund. Contact (517) 353-3060 or e-mail swkce@msu.edu with any questions.

* DO NOT EMAIL WITH CREDIT CARD INFORMATION

MSU School of Social Work
Continuing Education
655 Auditorium Road, Room 2
East Lansing, MI 48824

Interoffice Use Only	
Refund issued date:	_____
Type:	_____
Issued to:	_____
Amount issued:	_____