

**International Professional School of Bodywork (IPSB)
Cancellation / Withdrawal Notice**

Student Name (please print): _____ Phone: _____

Quarter	Course #	Program / Course Name	Start Date	Course Times
			/ /	
			/ /	
			/ /	

NOTE: If you cancel your registration for, or withdraw from, any program or course (including Practice Sessions) more than three business days after registering, one or more of the following fees will be charged per course. Also please be aware that any course hours attended will be deducted on a pro rata basis from any refund(s) owed.

\$0
 Please remove me from the course waitlist.

\$0
 I am cancelling my enrollment / registration for the above program / course(s) **one to three business days after signing the Enrollment Agreement.**

\$25
 I am cancelling my enrollment / registration for the above course(s) **more than four business days prior to the first course meeting.**

\$50
 I am cancelling my enrollment / registration for the above course(s) **one to four business days prior to the first course meeting.**

\$75
 I am withdrawing **after my course(s) has begun.**

\$100
 I am withdrawing **after my program has begun.**

Reason for Cancellation / Withdrawal: Medical / Financial / Personal / Schedule Conflict /

Other (please explain): _____

PLEASE CHECK ONE OF THE FOLLOWING OPTIONS:

The course(s) for which I am requesting cancellation or withdrawal is included in my program of study.

NOTE: Please be aware that any applicable cancellation / withdrawal fees will be added to your account ledger, and that if payment is not received within thirty days of canceling / withdrawing, the charge will be deducted from the credit card on file.

I am not currently enrolled in a program of study or am taking courses outside of my program.

Please indicate the address where you would like to receive a copy of your updated account ledger, reflecting any account adjustments and/or balance(s) due. If your account shows a credit, then you will receive a refund check together with your ledger copy. In such cases, if payment was originally made using a credit card, then your card will be credited directly.

Mail to: _____
Street City State Zip Code

PLEASE REMEMBER: YOU MUST CANCEL OR WITHDRAW IN WRITING.

Verbal notification or non-attendance does not constitute sufficient means for cancellation / withdrawal. Please submit your completed form to IPSB Student Services (Attn: Registrar), 9025 Balboa Ave. #130, San Diego, CA 92123; or fax (858) 565-4118.

Student Signature: _____ **Date:** ____/____/____

-----FOR OFFICE USE ONLY-----

Program Title: _____ Course Title(s): _____

Date of First Course Meeting: ____/____/____ No Penalty Cancellation Period Ends: ____/____/____

Questions? Please call IPSB Student Services at (858) 505-1100.

Revised March 2008