Request to Cancel / Withdraw from a Course(s)

Time Stamp

Student Name (please print): _____ Phone: _____

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

NOTE: If you cancel (prior to the first day of class) or withdraw (after the class begins), you will be charged a fee per course. If you withdraw from a course, you will also be charged on a pro rata basis for the course up to 60%. After 60% of the course, you will be charged 100% of the course fee. (Refer to Course Refunds in the Catalog.) Please be aware that any applicable cancellation / withdrawal fees are to be paid at the time of cancellation. If such fees are not paid, they will be added to your account ledger and the charge may be applied to your credit card on file, if applicable.

☐ Please remove me from the course waitlist. I understand that the charge is $0.00.

☐ I am cancelling my registration for the above course(s) **three business days or less after registering for the course(s).** I understand that the charge is $0.00. I understand that if I register for the course three days or less before the course start that I am unable to cancel the course registration without a fee.

☐ I am canceling my registration for each course listed above **more than four business days prior to the first course meeting**. I understand that the charge is $25.00.

☐ I am canceling my registration for each course listed above **prior to the start of the course and up to four business days prior to the first course meeting**. I understand that the charge is $50.00.

☐ I am withdrawing **after my course(s) has begun**. I understand that the charge is $75.00. I also understand that if I am withdrawing after 20% of the class hours have elapsed I will be issued a failing grade.

_____ Initials I understand that cancelling or withdrawing from courses may affect my financial aid eligibility (if any) for the term, and that I may be required to return funds to the College and/or the Department of Education.

_____ Initials This confirms my intention to take all remaining courses on my schedule.

PLEASE CHECK ONE OR MORE OF THE FOLLOWING OPTIONS:

☐ I am currently receiving Federal Financial Aid ☐ I am currently receiving VA benefits

☐ I currently pay with a payment plan ☐ My tuition is paid by a third party i.e. (WIA, Dept of Rehab, etc)

If you are entitled to any refund(s), 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 within 30 days of this notice. 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

Verbal notification or non-attendance does not constitute sufficient means for canceling or withdrawing from a course. Please submit this completed form to IPSB, (Attn: Registrar), 9025 Balboa Ave. #130, San Diego, CA 92123; or fax (858) 565-4118.

Student Signature: _____ **Date:** _____

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