

**PACIFIC MARITIME INSTITUTE
REQUEST FOR REFUND**

DATE OF REQUEST: _____

STUDENT: _____

I, _____, request a refund for course _____ on
Your name Name of course
 _____ to _____ .
Dates of course

REASON FOR REFUND:

_____ Withdrawal
 Check
 Date of Withdrawal Form: _____ Days of Actual Attendance: _____

_____ Other (please explain below)
 Check

Send refund to:

 Name

 Street Address

 City, State, Zip

 Phone Number

School Use Only		
<i>Withdrawal Form</i>	<i>Attendance</i>	<i>Refund Approval</i>
Received by:	Days:	By:
Not Received:	Course Days:	Date Processed:
Approval:	Formula:	Check Number:
Notes:	School Entitlement: \$	Date Sent:
Complete:	Student Entitlement: \$	Complete: