

## **Cancellation Request Form**

Students who wish to cancel from a course must submit their request in writing using this form. The completed form may be submitted in the following ways:

E-mail: info@iptm.org

Fax: (904) 620-2453

U.S. Mail: Registrar, IPTM

University of North Florida

12000 Alumni Drive

Jacksonville, Florida 32224-2645

Student Information:		
First Name:	M.I.: Last Name:	
Agency/Business:		
Phone Number:	E-mail Address:	
Course Title:		
Course Dates:	Course Location:	Course Fee:
Reason for Cancellation:		
,	mplete the information below) credit with IPTM	
If requesting a refund, select	refund type:	
Refund back to credit co	ard. Name on credit card:	
~or~	check payable to:	
Address 1:		
Address 2:		
City:	State:	Zip Code:
Country:	Submitted by:	
Phone Number:	E-mail Address:	

## **CANCELLATION/REFUND POLICY:**

Complete this Cancellation Request Form and return it to IPTM. No telephone cancellations will be accepted. A 20% administrative fee will be assessed to all refunds if the cancellation request is received within 14 days of the course start date. In lieu of a refund, student substitutions can be made or a credit can be issued for a future course. No refunds will be given for no-shows. Due to the automated format of independent study courses and Videos on Demand (VoDs), no refunds or substitutions can be made after registration. Refunds will normally be processed in 6-8 weeks.