

CHEMEKETA INTERNATIONAL ADMISSIONS OFFICE REQUEST FOR REFUND OF INSURANCE PREMIUM

I will be leaving Chemeketa on _____ because:
(Month Day Year)

- I am transferring and I have attached a copy of my new school's Acceptance Letter.
- I am leaving the USA and I have attached a copy of my airline ticket. And I know that my refund will be sent to my home country address.
- I am changing visa status and I have attached a copy of the immigration documentation.

I paid for my insurance by (circle one) Credit Card Cash/Check

I understand that I should notify the college at least 30 days prior to the date I intend to leave. If I do not give the college 30 days notice, my refund may be reduced. I also understand that if I paid by credit card, any refund will be credited to that card.

Please note that Refunds are only available for students leaving Chemeketa. No refunds will be processed for continuing students as this would cause a break in coverage. For exception consideration fill the appropriate form.

Name _____ ID Number _____

Address _____

_____ City _____

State/Province _____ ZIP _____ Country _____

Phone _____ Fax _____

E-mail address _____

_____ (Signature) _____ (Month Day Year)

_____ Date submitted for payment _____ initials _____ date refund sent/processed