



GEORGETOWN UNIVERSITY
School of Continuing Studies
Center for Continuing and Professional Education

To: Aaron Landers, Student Accounts Manager
 Fax: 703-812-3810
 Date: _____
Re: Withdrawal/Refund Request – Canceled Course

FOR OFFICE USE ONLY
 Third Party paid full tuition \$ _____
 Third Party and Student split tuition
 o Student \$ _____
 o Third Party \$ _____
 Date Received: _____
 Withdrawal Completed: _____
 Withdrawal Processed by: _____
 Refund Amount: _____
 Refund Processed on: _____
 Refund Processed by: _____
 Notes: _____

Student Full Name: _____
 Net ID: _____ Phone: _____

Term: Fall Spring Summer Year: _____
 Email: _____

Part A. Course Information

Course Number	Course Name	Start Date	Course Tuition	Subtotal Refund Requested
Total Refund Requested				

Part B. Refund Method

Refunds must be returned to the same credit card(s) used to make the original payment. Please complete at least one section below. If the course was paid by check or more than two credit cards please contact CCPE Student Accounts at 202-687-7696

Personal Credit Card:

I _____ (student name) authorize Georgetown University Center for Continuing and Professional Education to remit a refund of \$ _____ for the canceled course(s) above. The credit card used to make my original payment is below:

Card Type (circle): **Visa** **MasterCard** **American Express**

 Card Number Expiration Date

 Name on Card Student/Card Holder's Signature

Third Party Credit Card / 2nd Personal Credit Card:

I _____ (student name) authorize Georgetown University Center for Continuing and Professional Education to remit a refund of \$ _____ for the canceled course(s) above. The credit card used to make my original payment is below:

Card Type (circle): **Visa** **MasterCard** **American Express**

 Card Number Expiration Date

 Name on Card Card Holder's Signature