

**University of the Pacific**  
*Center for Professional and Continuing Education*  
**Course Cancellation/Change Form**



\* This form **MUST** be filled out completely in order to be processed.

Cancellation Policy:

The Center for Professional and Continuing Education will have a processing fee deducted for each course cancelled, refunded or substituted. The amount of the fee depends on the cancellation policy of the course or program, with a minimum of \$10. All cancellation requests must be received in writing at least three business days prior to the date class is scheduled to begin. If the request is not received in that time period, no refund will be made. Some courses require non-refundable deposits at the time of registration; these will not be refunded. See individual course listings for specific information. It is the responsibility of the student to understand and follow the financial and time-limit obligations established and published.

Date \_\_\_\_\_

Student Name: \_\_\_\_\_ ID/SSN#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

**Reason for Cancellation:** \_\_\_\_\_

\_\_\_\_\_

<b>Cancel</b>	<b>Replace</b>
Title: _____	Title: _____
Course Number: _____	Course Number: _____
Semester: _____	Semester: _____

Student Signature \_\_\_\_\_

**Please be aware that all refunds may take up to four weeks to receive.**

<u>For Office Use Only:</u>	
Received by (name): _____	By Phone _____ Mail _____ In Person _____
Original Method of Payment _____	
Date Received in Office _____	Approved By (name): _____
Fees Retained _____	Amount Refunded _____ Date Processed _____