Empower Training Institute

Course Cancellation Form

Website: www.empowetraining.org
Email: support@empowetraining.org
Phone: (747) 744-7869

Section 1: Participant Information

Full Name: _____
Date of Birth (if applicable): _____
Email Address: _____
Phone Number: _____
Mailing Address: _____
_____

Section 2: Course Information

Course Title: _____
Instructor/Facilitator: _____
Course Start Date: _____
Scheduled End Date: _____
Date of Cancellation Request: _____

Section 3: Reason for Cancellation

■ Schedule conflict
■ Health or personal reasons
■ Financial hardship
■ Transferring to another course
■ Other: _____

Brief Explanation (optional):
_____
_____

Section 4: Refund or Transfer Request

■ Request refund (if eligible per policy)
■ Request credit toward future course
■ No refund requested

Preferred Refund Method:
■ Check by mail
■ Credit card refund
■ Electronic funds transfer (EFT)

Note: Refund eligibility and amount will be determined according to Empower Training Institute's Course Cancellation and Refund Policy.

Section 5: Participant Acknowledgment

By signing below, I confirm that the information provided above is accurate. I understand that:
- Submission of this form does not guarantee a refund.
- Refunds, if approved, will be processed within 10–14 business days.
- A cancellation fee may apply depending on the timing of my request.

Signature: _____
Date: _____

Section 6: Office Use Only

Received By: _____
Date Received: _____
Refund Eligible: ■ Yes ■ No
Refund Amount: $_____
Approved By: _____
Date Processed: _____

Return Completed Form To:
Empower Training Institute
Attn: Student Support Services
Email: gaylegordon@empowetraining.org
Website: www.empowetraining.org