

V. R. Ashwood Training Institute Refund Request Form

Please complete this form and deliver to Registrar's Office at 5518 Calumet Ave Hammond, IN 46324, Fax to 1-219-803-0502 or Email to admissions@vrat-institute.net for Processing. Please read and comply with the School's Refund Policy for required procedures for your refund.

Date: _____

Student Name: _____ Student ID: _____

Current Course _____

Course Enrollment Date: _____

Refund Amount Requested Per Refund Policy: \$ _____ \$ _____ \$ _____

Reason for Refund: _____

OFFICE USE ONLY

REFUND AMOUNT APPROVED PER REFUND POLICY \$ _____

APPROVED BY _____

DATE REFUNDED: _____

STUDENT SIGNATURE: _____