



ARIZONA SCHOOL
OF MYOTHERAPY

Withdrawal Form

Student Information (please print)

Name Last _____ First _____

Address Street (P.O. Box) _____

Cell # _____ City _____ State _____ Zip _____

Date of Birth _____ Email Address _____

REASON FOR LEAVING (*Check all applicable. You must circle one.*)

Academic Issues Child Care Issue Course Scheduling Conflict Course Too Difficult

Course Too Easy Faculty Member Conflict Financial Issues

Time Conflict with Employment Time Conflict with Family Obligations

Transportation Issues Medical Other _____

Do you plan to return to ASM? Yes No When? _____

By signing this form, you are voluntarily withdrawing from the Arizona School of Myotherapy (ASM). You authorize ASM to review your academic record to assess program completion and determine any applicable refund, which will be dependent upon tuition paid and current progress. ASM reserves the right to take up to forty-five (45) calendar days from the Document Date of Determination (DOD) to process refunds, with calculations based on your Last Date of Attendance (LDA). All outstanding fees, if any, must be settled within 30 days of this notice. Students are invited to return and resume their studies by contacting the Director of Education or the Admissions Department.

Note: A re-application fee may apply.

Student: (required) _____ **Date:** _____

Admissions & Registration: rec'd by _____ Date: _____

processed by _____ Date: _____