



CANCELLATION REQUEST FORM

Students who wish to cancel from a course must submit their request in writing using this form. The completed form may be submitted in the following ways:

E-mail: info@iptm.org

Fax: (904) 620-2453

U.S. Mail: Registrar, IPTM

University of North Florida

12000 Alumni Drive

Jacksonville, Florida 32224-2645

STUDENT INFORMATION:

First Name: _____ M.I.: _____ Last Name: _____

Agency/Business: _____

Phone Number: _____ E-mail Address: _____

Course Title: _____

Course Dates: _____ Course Location: _____ Course Fee: _____

Reason for Cancellation: _____

SELECT ONE: Refund (complete the information below) **OR** Transfer to another course:

Course Title, Date, Location: _____

If requesting a refund, select refund type:

Refund back to credit card. Name on credit card: _____

OR

Refund by check. Make check payable to: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Submitted by: _____

Phone Number: _____ E-mail Address: _____

Special Instructions: _____

CANCELLATION/REFUND POLICY

Complete the Cancellation Request Form found at WWW.IPTM.ORG and return it to IPTM. No telephone cancellations will be accepted.

- Cancellations made less than 14 days before the course start date will incur a 25% administrative fee.
- Cancellations made less than 1 business day before the course start date will incur a 50% administrative fee.
- No refunds will be given for no shows.
- No refunds will be given for online independent study and Videos on Demand (VoD) after registration. View the full policy online.