

BROOKDALE CENTER

for Healthy Aging & Longevity
Hunter College / The City University of New York

Form Number: _____

Certificate Programs Withdrawal/Credit Request Form

* Please Print*

Last Name:		First Name:	
Course Number and Name			
Reason for withdrawal	_____ Cancellation _____ Personal Emergency _____ Other (please explain below)		
Tuition Paid:		Cost of New Course:	
Do you want a credit?	____ Yes _____ No	Date of Request:	
Explanation/ Comments:			
Form of Payment:	_____ Credit Card _____ Check (Check # _____)		
E-mail Address:		Phone Number:	
Signature:		Date:	
Authorizing Signature:		Date Processed:	

Do Not Write Below

Number of Replacement Course: _____ Date: _____

Name of Replacement Course:

Outstanding Balance: _____ Credit Remaining: _____

Authorizing
Signature: _____

Please return this form to Ingrid Alexander by fax at 212-481-3791 or mail at:
Brookdale Center for Healthy Aging & Longevity, 425 East 25th Street,
13 North, New York, NY 10010