

BROOKDALE CENTER

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

Form Number: _____

Certificate Programs Withdrawal/Refund Request Form

Please Print

| | | | |
|-------------------------------|---|-------------------------|--|
| Last Name: | | First Name: | |
| Course Number and Name | | | |
| Reason for withdrawal | <input type="checkbox"/> Brookdale Cancellation <input type="checkbox"/> Personal Emergency <input type="checkbox"/> Other (please explain below) | | |
| Tuition Paid: | | Form of Payment: | <input type="checkbox"/> Credit Card <input type="checkbox"/> Check (# _____) |
| Do you want a refund? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Request: | |
| Explanation/ Comment: | _____ _____ _____ | | |
| E-mail Address: | | Phone Number: | |
| Signature: | | Date: | |
| Authorizing Signature: | | Date Processed: | |

If paid by check and are requesting a refund, please attach a copy of the voided check (front and back). **Refund claims cannot be processed without a copy of the voided check.** If paid by credit card, please make a copy of the front of the credit card and send it in with your request. All refunds will be in the form of a check.

Please note Brookdale's policy:

- Full reimbursement for withdrawals 10 days in advance of first class;
- 75% reimbursement up to 9 days before first class;
- NO reimbursement on the day of or after the first class begins ;**
- NO reimbursement of \$50 application fee.**

Refunds will be given 4-6 weeks after request has been submitted to the Research Foundation. This form is processed and sent to the Research Foundation on the date of receipt. **Incomplete forms may delay processing.**

**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**