



The
LEE STRASBERG
 THEATRE & FILM INSTITUTE
 EST. 1969 NEW YORK | LOS ANGELES

REFUND/CREDIT REQUEST FORM

TO BE FILLED OUT BY STUDENT:

Name of Student: _____ Date: _____

Reason (please specify): _____

Request: Refund Credit

** If requesting a credit, please note that credit will be good for **one year** from the date of issuance; after that time it will expire.*

** If requesting a refund, the prorated amount will be issued back to the payor in the form in which s/he paid. Please check below how your tuition was originally paid.*

Check / Money Order

Credit Card Type of Card: Visa MasterCard Discover AmEx

Name on Card _____

Card # _____ Exp. _____

Wire Transfer

Fill out Wire Transfer Check List and submit to bookkeeper.

**** Disclaimer:** *The student or person, company, entity, etc. who/which has paid the tuition and/or fees will receive a pro-rated refund for the unused portion of the tuition and other refundable charges if the student has completed 60% or less of the course of instruction. If a student completes in excess of the 60% of the course of instruction, there is **no refund**.*

REFUNDS WILL BE PAID WITHIN THIRTY (30) DAYS OF CANCELLATION OR WITHDRAWAL

TO BE FILLED OUT BY ADMINISTRATOR:

Request: Full Refund (minus non-refundable fees)

Pro-Rated Refund

Other (please explain) _____

Last day of attendance: _____

Authorized By: _____ Date: _____

TO BE FILLED OUT BY BOOKKEEPER:

Date of Refund/Credit: _____ Amount: \$ _____ Initials: _____