

Participant's Name: _____ Date: _____

Main Contact: _____

Main #: _____ Email: _____

Name of program you are requesting refund for: _____

Program Barcode: _____ Amount of refund you are requesting: \$ _____

Reason for refund request: _____

Program Refund and Transfer Policy

Course Registration Cancelled by	Reason	Program Refund Request Form received by...	Action taken
The MAC	Low enrollment or other circumstances	No need to complete form	No fees charged
The Customer	Any	3 business days or more before the scheduled start date	No fees charged
The Customer	Any	2 business days or less before the scheduled start date	\$5 Admin fee withheld before refund
The Customer	Any	On or after the scheduled start date	\$10 Admin fee withheld before refund along with fees of any courses attended
The Customer	Any	Any time after the last scheduled class date	NO REFUNDS given, instructors have been paid
The Customer	Medical	Any	Approved on a case by case basis

Please initial the following:

I understand that completing this form is not a guarantee of a refund (See refund policy above).

I understand that if I paid by check or cash, my refund will be returned to me as a check by mail and that it may take 2-4 weeks. If I paid by credit card, my refund will be returned to me on the card that made payment and it may take up to 7-10 days to reflect o my account.

I have provided truthful information on this document.

Parent/Guardian Signature

Date

Return to the Front Desk Staff, fax to 817-453-8516, or email to mac@mansfield-tx.gov.

Supervisor Use Only

Initials: _____

Date: _____

Amount Refunded: _____