

WITHDRAWAL REQUEST

Independent Study Program - Portland State University

Mail request to: Independent Study Program
 PO Box 1491
 Portland, OR 97207-1491

Fax request to: 503-725-4880
Email attachment to: istudy@pdx.edu

WITHDRAWAL REFUND POLICY

Complete and return this form to withdraw from your course. Registration fees are **nonrefundable**.

Formally withdraw within:	Refund Amount
0 to 30 days	100% of the tuition paid
31 to 60 days	75% of the tuition paid
61 or more days	No refund.
Fees deducted from refund	Fee Amount
Each assignment turned in	\$20.00
Each exam taken	\$20.00

Student Name:		
Mailing Address:		
City	State	ZIP:
Daytime Phone: ()	Message Phone: ()	
Email Address:		
Course Number and Title:		
Number of assignments sent to instructor: _____		Number of exams taken: _____
Reasons for the withdrawal:		
_____		_____
STUDENT'S SIGNATURE (required)		Date

NOTE: Tuition paid for by bankcard will be refunded to the same bankcard account. Tuition paid for by check or money order will be refunded by a check issued to the person who paid the tuition

Please allow up to six weeks to receive your refund.

FOR OFFICE USE ONLY

Deposit Date	"W" Entry Date	Detail Code M
Authorized by	W/D Letter Date	
Notes	To XS Acct Date	Total Refund \$
Person/organization who paid for the course		bc 4 digits or check #