



[← Back](#) [Next →](#)

[Click here to download and print this form in Adobe Acrobat format](#)
[Click here if you are having difficulties downloading](#)

CONSERVATIVE THEOLOGICAL UNIVERSITY

12021 Old St. Augustine Road
Jacksonville FL 32258
904-262-8275

REQUEST FOR REFUND

Student
name: _____
SS# _____ - _____ - _____

Address: _____
Phone (____) _____

Degree
program: _____
Credit hours _____

I hereby make a formal request for a refund on the following course(s):

Course number	Course name	Date enrolled
_____	_____	_____
_____	_____	_____
_____	_____	_____

My request is based on the following circumstances that cause my withdrawal and request for a refund of the applicable refundable tuition:

Notice: If you are on a degree program tuition budget finance plan, you will receive a credit toward another course, **not** a financial refund.

The refund policy of CTU is as follows:

- A drop fee will be charged for each course withdrawal.
- Withdrawal within three (3) days of the receipt of the CTU dated registration for the course = 100%.
- Request for refund beyond three days of registration and 60 days before course begins = 70%.
- Request for refund beyond three days of registration and 30 days before course begins = 50%.
- Request for refund within one week of the course = 25%.
- Withdrawal and request after the course starts = no refund.
- No refunds on books, supplies or charge for the syllabus.

Refund request will be processed within 30 days of receipt of signed request, with refund to follow.

OFFICE USE ONLY

Approval [] Denial []

Deductions \$_____

Amount \$_____

Date disbursed \$_____

By: \$_____

Notes:

Date _____

Student signature _____

[^top](#)

[← Back](#)

[Next →](#)

"Conservative in Theology... Creative in Training"