

Academy of Chinese Culture and Health Sciences
1600 Broadway, Oakland, CA 94612

Refund Request Form (退款申请表)

Student Name (学生姓名) : _____

S.S. No. (社会安全号码) : _____

Address (住址) : _____

Trimester (学期) : _____

Refund Reason (退款理由) : (Please check one 请选勾一项)

Class Cancelled (课程取消) **Class Dropped (退课)** **Clinic Dropped (退实习)**
 Overpaid (超额付费) **Other (其它)**

Paid by (已付款方式) : (Please check one 请选勾一项)

Cash (已付现金) **Check (已付支票)** **Credit Card (已付信用卡)**

- **The refund check will be ready within 30 days of the cancellation.**

(退费程序将在申请后 30 天内完成)

Student Signature (学生签字) : _____ **Date (日期) :** _____

For Official Use Only (校方使用) :

Refund Amount 退款数: _____ **Check No. (支票号码) :** _____

Refund Date 退款日期: _____ **Refund by 经办人:** _____