



community school of music and arts

## Request for Withdrawal

Submission of this form is required for all withdrawals. Upon receipt of this request, the Registration Office will determine your eligibility for refunds or credits as outlined in the CSMA policies and guidelines.

Date: \_\_\_\_\_ Semester: \_\_\_\_\_

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

Instructor: \_\_\_\_\_

Class #/Title: \_\_\_\_\_

Please provide a brief explanation for your withdrawal request.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For office use only**

Total Credit/Refund \$ \_\_\_\_\_

**Credit on Account** Statement Mail Date \_\_\_\_\_

**Refund Check** P.O. Date \_\_\_\_\_ P.O. # \_\_\_\_\_ Check # \_\_\_\_\_

**Refund CC** Card# \_\_\_\_\_ Exp. \_\_\_\_\_  Visa  MC

**Credit/Refund Denied** Reason \_\_\_\_\_

**Teacher Notified** Date \_\_\_\_\_ Initials \_\_\_\_\_

arts4all