

**EDUCATION
FOR
MINISTRY**

REFUND REQUEST FORM

Please print neatly.

Name and Address for Refund Check:**

S.S.# _____

NAME _____

Date _____

Date of your first EFM meeting _____

Date you withdrew _____

Reason for withdrawal _____

I request a refund under the provisions listed on the back of this form _____

Signature of student

Please refer to the refund policy in the *Manual for Mentors* before completing this form.

Are UNOPENED materials being returned? _____ If so, *return form & materials together.*

Endorsement by the mentor (please explain): _____

Signature of mentor: _____ Date _____

Mentor Name Printed: _____ GROUP-ID _____

FOR OFFICE USE ONLY

Date of Enrollment _____

Materials Received:

Disapproved Approved

Amount paid _____

Date _____

Amount: \$310 \$107

Group status _____

Usable? _____

Reduced Fee: \$120 \$50

Comments: _____

Registration Specialist

Date

**If the fee was paid with a credit card, any refund must be made to that card.

Card # _____ Exp. Date _____

Please return this form to:

EFM
THE SCHOOL OF THEOLOGY
335 TENNESSEE AVENUE
SEWANEE TN 37383-0001