

Great Wall Chinese School Refund Request

Semester:			
Date of Request:			
Refund Type:	Tuition	POD Fee	(please circle one)
Account ID:			
Email Address:			
Telephone #			
Student Name:			
Amount:	\$		
Check payable to:			
Address:			
Reason:			
Other:			
*Signature:			

* I have certified that above information is accurately provided to the Great Wall Chinese School. School maintains the right not to process the refund if falsified information is presented. School will process the refund once the information is verified. The refund check will be mailed to above address within 3 to 5 weeks from the date of request. School is not responsible for lost mails.

School official only			
Signature of Admin Officer:		Date:	/ /
Signature of Principal:		Date:	/ /
Signature of CFO:		Date:	/ /