



SUMMER INSTITUTE FOR THE ARTS



REQUEST FOR REFUND

1. Refund requests for the Summer Institute for the Arts must be received by 4:30 p.m. on June 30, 2009.
2. Please allow several weeks for processing.
3. A \$15 processing fee is assessed on all refund requests regardless of the percent of tuition paid.
4. Mail this form with completed information below to:
Summer Institute for the Arts Office
Fine Arts Office, Leis Instructional Center
7423 Camp Alger Avenue
Falls Church, VA 22042
Fax to: 703-208-7869
5. Questions? Please call 703-208-7719.

Participant ID Number or FCPS Student ID

First Name

Middle Initial

Last Name

Address

Apt.

City

State

Zip Code

Reason for refund request: _____

Signature

Date

Print Name

Office Use

Approved by: _____

Date: _____