## American Institute of Law – Cancellation Request

18411 Crenshaw Boulevard, Suite 416, Torrance, California 90504-5066 Telephone (888) 412.4593, Fax: (888) 657.1895, Web: www.instituteoflaw.com



## **Cancellation of Enrollment Agreement / Tuition Refund Request Form**

Date Student Name Street Address City State Zip E-mail Phone			
Briefly state your request:			
Reasons for making this rec	quest:		
CANCELLATION POLIC	Y and REFUND INFOR	RMATION	
	nrollment agreement or wit y mail to the Director of Ad ance, CA 90504-5066, or b	Imissions, American Instit	n Institute of Law at any time by ute of Law, 18411 Crenshaw email to
	atalog. Any money due the nd of all monies and fees p	e student will be refunded paid except the application	within 30 days. The student has a fee if a cancellation is received
A student who cancels or w which the enrollment agree \$100, plus the WestLaw Me	ment is signed will be subj	ect to a one-time non-refu	s after midnight of the day on undable Registration Fee of
My signature below certifies that a copy of the institution Agreement that I signed.			hts and responsibilities, and me on the Enrollment
Student's Signature:			********
ADMINISTRATIVE USE		er e	e e e e e e e e e e e e e e e e e e e
Petition Received on:		_ Approved Date:	
Comments: (initials)		Date Reviewed:	

Email petitions to <a href="mailto:mmorrison@instituteoflaw.com">mmorrison@instituteoflaw.com</a> or fax to 888-657-1895. All portions of this PETITION must be completed AND EMAILED/FAXED VIA ABOVE METHODS or it will not be accepted. If any refunds are due, allow 30 days for processing.