

# The Art Students League of New York

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## REQUEST FOR REFUND FORM

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Tel: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Please specify the Class(es) or Workshop(s) you would like to withdraw from:**

ASL Student ID: \_\_\_\_\_ Class ID (4 digits): \_\_\_\_\_ Instructor: \_\_\_\_\_

Class Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Select how you would like to be refunded:**

Student Account (credit toward a future class)       Check       Credit Card

**Please state the reason for your refund:**