



WORKFORCE EDUCATION REFUND/CLASS TRANSFER REQUEST FORM

First Name: _____ Last Name: _____

Mailing Address: _____

Day Time Phone #: _____

E-mail: _____

Name of Class: _____

Location of Class: _____

I paid for this class by (Mark one):

Cash

Check

Credit

Mark one:

Refund

Transfer

Requested class: _____

Reason for refund or transfer:
