MASSAR MASSACHUSETTS COLLEGE OF **ART AND DESIGN**



	621 Huntington Ave. Boston, MA 02115 USA Phone: 617 879 7200 Fax: 617 879 7171 / Email: continuing_education@massart.edu						
	MassArt I.D. #		Last Name		First Na	ame, Middle Initial	
	Phone Number:	-		Write in your program:			
1	dropped courses		· · · · · · · · · · · · · · · · · · ·				
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	Number & Section		Title			Instructor	
semester							
/ sem							
	reason for withdrawal: medical/family emergency other specify						
	added courses ++	-					
	Number & Section		Title			Instructor	
me							
first name							
-ti							
	refund policy Credit courses: 100% of tuition refunded if the course is dropped by the day before the second class meeting. Non Credit Workshops: 100% of tuition refunded if dropped one full week before the first class meeting.						
	yes, I have read and agree to the refund policy						
last name	signature: date:						
last							
	FOR OFFICE USE ONLY received date: processed by:					processed date:	
#.	full refund:		withdrawal:	notes:	I		
MassArt I.D. #							
Mass/	authorized by:						