

Refund Request Form

ASLD Refund Policy

Effective 02/11/11

FOR WORKSHOPS ONLY:

100% refund: If cancelled by the Art Students League of Denver

75% refund: If student cancels 14 days prior to start of workshop

Students who must cancel their registration for a workshop must submit a Refund Request Form to Tyler Campbell, Director of Operations, by emailing the form to operations@asld.org (preferred) or submitting the form to the office 14 days prior to the start of the workshop. The League reserves the right to refuse any refund request (except on cancelled classes). Membership and material fees are not refundable. Please allow 3-4 weeks for refunds to be processed.

FOR ON-GOING CLASSES:

No refunds will be issued for on-going classes unless the League must cancel an ongoing class due to low enrollment, for which a 100% refund will be issued. No refunds will be given if a substitute artist teaches a class due to the temporary absence of the scheduled faculty member. The League cannot transfer class dates.

FOR BUILDING CLOSURES:

When the Art Students League must close its buildings or cancel classes due to building system problems or *Acts of God*, i.e., blizzards/snow accumulations, floods, tornados or other extreme conditions, students currently enrolled in on-going classes will be given a class credit to be used for one class of equal or lesser value which will expire 12 months from date of the incident. The Art Students League will make every effort to reschedule affected workshops or will issue a refund for day(s) of closure if workshop rescheduling is not possible.

To apply for a refund, please complete this form in full:

Student Name: _____

Date: _____

Phone: _____

Email: _____

Workshop title: _____

Dates of workshop: _____

Reason for Refund: _____

Method of Payment:

All refunds will be re-imbursed by check unless paid by credit card. If original payment was made by credit, and you request to be re-imbursed by check, fees associated with lost checks or associated with disputed credit card will be assumed by you.

Cash []

Check []

Charge [] CC #: _____ Exp: _____

OFFICE USE ONLY

Date Submitted: _____

Staff initial: _____

Date Processed: _____

Approved: Yes No _____

Amount of Refund: _____

Original Payment date: _____

Processing Fee Amount: _____

Original Payment amount: _____

Processed by: _____

Class Code: _____