

NEW YORK FILM ACADEMY

COLLEGE OF VISUAL AND PERFORMING ARTS PETITION TO WITHDRAW

Please fill out completely and print clearly.

Student Name: _____ **Date of Last Attendance:** _____

Current Address: _____

Program/Workshop: _____ **Year/Month:** _____

Current Phone #: _____ **Are you an International Student? (Y/N)**

Social Security #: _____

OR Visa/Passport # _____

Name of Instructor: (If more than one, list no more than three.)

Reason for withdrawing from workshop:

I understand that by withdrawing from the above workshop I maybe entitled to a refund, the amount of which is determined by record of the workshop start date and the date of my last physical attendance.

I also understand that I am liable for the non-refundable application fee paid at the time of application, and tuition plus equipment costs calculated as of the last date of my physical attendance.

Student Name (Please Print): _____

Student signature: _____ **Date:** _____

Campus Dean signature: _____ **Date:** _____

Department Chair signature: _____ **Date:** _____

NYFA may contact you to verify all information

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