

**STUDENT REQUEST**  
**APPLICATION FOR STUDENT**

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**SECTION ONE: APPLICANT MUST COMPLETE.**

STUDENT NAME: \_\_\_\_\_  
STUDENT ADDRESS: \_\_\_\_\_  
STUDENT PHONE NUMBER: \_\_\_\_\_  
STUDENT EMAIL ADDRESS: \_\_\_\_\_  
REFUND REQUEST DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

COURSE ENROLLED:                       PHLEBOTOMY     EKG     PHARMACY

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Refer to **CANCELLATION AND REFUND POLICY (OAR 581-045-0036)** for a complete description of policies required by the Oregon Department of Education.

A student may cancel enrollment by giving written notice to the school. Students who withdraw from the course are not entitled to any further resources provided by Oregon Medical Training. Unless the school has discontinued the program of instruction, the student is financially obligated to the school according to the following:

- If cancellation occurs within five business days of the date of enrollment, and before the commencement of classes, all monies specific to the enrollment agreement shall be refunded;
- If cancellation occurs after five business days of the date of enrollment, and before the commencement of classes, the school shall retain only the published registration fee. Such fee shall not exceed 15 percent of tuition cost, or \$150, whichever is less;
- If withdrawal or termination occurs after the commencement of classes and before completion of 50 percent of the contracted instruction program, the student shall be charged according to the published class schedule. The student shall be entitled to a pro rata refund of the tuition when the amount paid exceeds the charges owed to the school. In addition to the prorated tuition, the school may retain the registration fee, supply fee, \$25 withdrawal fee, and other legitimate charges owed by the student;
  - (a) Pro rata refund means a refund of tuition paid for that portion of the program not offered to the student prior to withdrawal. The date for determining that portion shall be the published course schedule and the last recorded date of attendance by the student;
  - (b) If withdrawal or termination occurs after the completion of 50 percent or more of the program, the student shall be obligated for the tuition charged for the entire program and shall not be entitled to any refund;
- The enrollment agreement shall be signed by both the student and the authorized school official. For cancellation of the enrollment agreement reference in (a) & (b), the “date of enrollment” will be the date that the enrollment agreement is signed by both the student and the school official, whichever is later.

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**SECTION TWO: ANSWER EACH QUESTION BELOW TO COMPLETE REQUEST APPLICATION.**

YES     NO     **I am requesting to drop the course I enrolled in and I am requesting a refund.**

- **If you answered “YES”** to this question, please fill in an appropriate response as to why you’re requesting to terminate your enrollment and fill-out the cancellation request date above in SECTION ONE. Once completed, the Administrative Assistant will contact you to determine your eligibility for the refund you are requesting. Refer

to **CANCELLATION AND REFUND POLICY (OAR 581-045-0036)** for a complete description of policies required by the Oregon Department of Education.

- **If you answered “NO”** to this question, please answer the question below.

YES     NO     **I am requesting to transfer/switch to an academic term, waitlist, course and/or payment plan methods**

- **If you answered “YES”** to this question, please fill out the information provided below to complete your transfer successfully. Once completed, the Administrative Assistant will contact you confirming your request. You are not transferred until you have received a transfer confirmation email. This does NOT confirm you are enrolled into the next course. You are responsible to resubmit a new updated enrollment agreement, identification documents, and pay the minimum deposit (if you have not done so already). If paid, you are enrolled into the course once you receive a confirmation email.

I am requesting to transfer to another <b>academic term</b> instead of the one I am enrolled in.	I am requesting to transfer to another <b>course</b> offered instead of the one I am enrolled in.
<input type="checkbox"/> Fall Term _____ <input type="checkbox"/> Winter Term _____ <input type="checkbox"/> Spring Term _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Phlebotomy (Springfield, OR) <input type="checkbox"/> Phlebotomy (Bend, OR) <input type="checkbox"/> EKG (Springfield, OR) <input type="checkbox"/> Pharmacy (Springfield, OR)
I am requesting to switch to a different <b>payment plan</b> method than the one I selected on my enrollment agreement.	I am requesting to transfer to another <b>waitlist</b> instead of the one I am enrolled in.
<input type="checkbox"/> Payment Plan 1 <input type="checkbox"/> Payment Plan 2 <input type="checkbox"/> Payment Plan 3 <input type="checkbox"/> Other _____	<input type="checkbox"/> Phlebotomy (Springfield, OR) <input type="checkbox"/> Phlebotomy (Bend, OR) <input type="checkbox"/> EKG (Springfield, OR) <input type="checkbox"/> Pharmacy (Springfield, OR)

- **If you answered “NO”** to this question, please fill-out what you are requesting.

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**SECTION THREE: ALL APPLICANTS MUST COMPLETE.**

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Assistant

\_\_\_\_\_  
Date