

## Course Cancellation/Transfer Form

**To transfer to another course or to cancel a course, complete the form, and send or fax to:**

Illinois Property Assessment Institute, Brenda Corcoran, Registrar  
706 Oglesby, Suite 120, Normal, IL 61761  
Fax 309-862-0400

**(Please Print)**

Name \_\_\_\_\_  
(First) (Middle) (Last)

Mailing Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Employer \_\_\_\_\_ Registrant's Title \_\_\_\_\_

Work  
Phone # \_\_\_\_\_ Cell # \_\_\_\_\_

County \_\_\_\_\_ Township \_\_\_\_\_

### **Course Cancellation**

Course Number \_\_\_\_\_ Course Starting Date \_\_\_\_\_

Course Location \_\_\_\_\_

If paid, send Credit Voucher to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Course Transfer**

#### **Transfer FROM:**

Course Number \_\_\_\_\_ Course Starting Date \_\_\_\_\_

Course Location \_\_\_\_\_

#### **Transfer TO:**

Course Number \_\_\_\_\_ Course Starting Date \_\_\_\_\_

Course Location \_\_\_\_\_

**Please make the above change in my registration. I understand that I will be assessed a \$25.00 administrative fee to cancel or transfer to another course.**

Signature \_\_\_\_\_  
=====

Office Use Only

Date request received \_\_\_\_\_ Credit Voucher Generated \_\_\_\_\_