



**SEBRON**  
UNIVERSITY

SEBRON University  
<http://www.sebron.org>

## DROP REQUEST

It is the responsibility of the Student to cancel their classes. Non-attendance does not warrant a refund or cancellation. Cancellation Requests can be submitted on the appropriate form found here. All cancellation requests must be submitted **IN WRITING** through this form.

Please review SEBRON University Cancellation Policy:  
<http://sebron.org/s/fees-and-refunds/>

### STUDENT INFORMATION

Course wishing to Cancel:	
Date of Registration:	
First Name:	
Last Name:	
Address:	
City:	
State:	
Zipcode:	
Social Security Number:	
Cancellation Reason:	

# CANCELLATION FEES

Applicable cancellation fees may apply. Please see the Fees and Refunds page for details. You must provide a method of payment for the cancellation fees.

Credit Card Number:	
Expiration Date (Month/Year):	
CVV # (on back):	
Billing Zip Code:	



\* I agree to pay the applicable cancellation amounts to SEBRON University

SIGNATURE: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

I acknowledge and agree to SEBRON's Fee and Refund policy, as well the Terms of Use. By signing this document I acknowledge that I am the person stated above under the Penalty of Perjury under the laws of the United States.

SIGNATURE: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

\*\* All filled out cancellation request forms must be submitted by email to [sebron.university@outlook.com](mailto:sebron.university@outlook.com) subject "CLASS CANCELLATION"