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**Notification of Cancellation
or Transfer Form**
**(Cancellation must be received 5 business prior to
the beginning of class for a refund "CREDIT")**

Date submitted: _____
 Date received at APAO office: _____

Notification of Cancellation of _____ class.

Transfer of registration to another student.

(Current Registered) Student Name : _____
 Company _____
 Address : _____ City: _____ State: _____ Zip: _____

(NEW) Student Name : _____
 Company _____
 Address : _____ City: _____ State: _____ Zip: _____
 E-Mail: _____ Cell Phone: _____
 Work Phone: _____ Home Phone: _____ Work Fax: _____

Authorized by: _____ Date: _____

Please Do not write in this box—APAO use only.	
Registration fees paid	\$ _____
Transfer fee if applicable	minus \$ _____
<u>Cancellation fee if applicable</u>	minus \$ _____
Was Notification received within 5 business days of Scheduled class _____	
Were Study Materials returned? _____	
“CREDIT” issued	\$ _____