

Refund Request Form – Mentor

Refund Policy Information:

1. Request for refunds (80% of fees) **must** be received by mail or fax **no later than** Friday, 5:00PM (Pacific Time), a week **after** to the official start of the mentoring term, as per your application.
2. Allow 3 weeks for processing of refund request.
3. All information must be accurate and complete to allow for processing.
4. The forfeiture date on all unclaimed refunds is 90 days from the start date.

Complete fully and mail OR fax the Refund Request Form to:

ETUDES Inc.
440 North Wolfe Road
Sunnyvale, CA 94085
FAX: (650) 887-1730

Term: _____ Mentor: _____

How did you pay for the program?

(Select one)

Credit Card Type _____ & Transaction ID: _____

Check #: _____

Mail Refund to:

Full Name: _____

Participant Name: _____
(if different than above)

Address Line 1: _____
Street Address, P.O. Box, Company Name, c/o

Address Line 2: _____

City: _____ State/ Region: _____

Zip Code: _____ Country: _____

Make check / refund payable to: _____

Office Use Only

Processed by: _____ Check Date: _____

Check #: _____ Date Sent: _____