

Cancellation Request for Learn International Programs



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Please fill out the following to request a cancellation for your program. Once completed, please email this request to: info@learninternational.ie and we will get back to you with a response shortly.

Please note: The date of your cancellation is effective the day that Learn International receives this request, not the day it is signed and dated.

Name (first and last): _____

Date of Request: _____

Program Name: _____

Program Dates: _____

University (if applicable): _____

Reason for Withdrawal:

If this is a medical withdrawal, please submit a copy of a doctor's note, signed and dated.

Signature: _____ Date: _____

Office use only:

- Paid deposit
- Paid program fee
- _____ Number of days prior to start of program Cancellation Request was made.

Received by Staff initials: _____