

# Cancellation Request for Learn International Programs



**Educate | Experience | Explore | Enjoy**

17 South Main Street, Naas, Co. Kildare, Ireland  
**Ireland** +353 (0) 45 254252  
**US** +1 518 407 3537  
**E** [info@learninternational.ie](mailto:info@learninternational.ie)  
**W** [www.learninternational.ie](http://www.learninternational.ie)

Please fill out the following to request a cancellation for your program. Once completed, please email this request to: [info@learninternational.ie](mailto: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: \_\_\_\_\_