



INTERANTIONAL STUDENT HEALTH INSURANCE (IMED)

REFUND/CANCELLATION FORM

A. Student to Complete:

Today's Date _____

Name: _____

Student ID: _____

D.O.B. _____

Semester and year: _____

Reason for Refund and/or Cancellation (please circle one below):

1. Returning home
2. Transferring to another School
3. Completed studies
4. Did not attend classes
5. Student is concurrent from another college (not our I-20)
6. Student Visa status changed
7. Other (explain) _____

Student's Signature: _____

Date: _____

<p>B. Office use only: ISP Initiated: _____ LACCD Approved: _____ LACCD Denied: _____</p>