



Office of the Registrar
MSC 3533
Harrisonburg, VA 22807
Phone (540) 568-2991
Fax (540) 568-3499

ADMISSIONS CANCELLATION NOTICE

(Please Print)

Name _____
(Last) (First) (MI)

Student ID #: _____ Date of Birth _____ Home E-mail _____

Home or Forwarding Address: _____
(Street)

(City) (State) (ZIP)

Home Phone: (____) _____

I wish to cancel my acceptance of admission to James Madison University.
Return this form to the Office of the Registrar at the address/fax number listed above.

REQUESTING TUITION DEPOSIT REFUND:

The Office of Admissions will process a Tuition Deposit Refund if your Cancellation Notice is postmarked prior to your refund date as printed on your Tuition Deposit Invoice.

Request for a Tuition Deposit Refund after your refund date as printed on your Tuition Deposit Invoice must be submitted in writing to Director of Admissions, MSC 0101, Harrisonburg, VA 22807

Signature _____ Date _____