



Office of the Registrar
170 Bluestone Drive, 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. If you have questions, please contact the Office of Admissions, 540-568-5681.

Request for a Tuition Deposit Refund after your refund date as printed on your Tuition Deposit Invoice must be submitted separately in writing to Director of Admissions, 481 Bluestone Dr. MSC 0101, Harrisonburg, VA 22807.

Signature _____ Date _____