

To request a refund – complete the form below and send to the CAP office by email, fax (609) 258-9000, or in person by the deadline. (please remember to sign and date it)

PRINCETON UNIVERSITY
Office of Community and Regional Affairs
Community Auditing Program
4 Mercer Street
Princeton, NJ 08542
609-258-0202
E-mail: PUCAP@princeton.edu

REFUND FORM

I _____ would like to cancel my
full name

course(s) _____
department & course number

and receive a refund of my course fee(s) of \$ _____.

Payment was cash, check or charge card. Please circle one.

Signature

Date

[2017-2018 Academic Year](#)

Fall deadline: Wednesday, September 26, 2017 by 5:00 pm
Spring deadline: Wednesday, February 14, 2018 by 5:00 pm