

Amerstate University
CUSTOMER'S RIGHT TO CANCEL

_____ Date of

Transaction

You may cancel this transaction, without any penalty or obligation, within five business days from the above days (Saturday, Sundays and holidays are not business days).

If you cancel, any property traded in, any payments made by you under the contract or sale, and any negotiable instruments executed by you will be returned within 10 business days following receipt by the seller of your cancellation notice, and any security interest arising out of the transaction will be canceled.

If you cancel, you must make available to the seller at your residence, in substantially as good condition as when received, any goods delivered to you under this contract or sale; or you may, if you wish, comply with the instructions of the seller regarding the return shipment of the goods at the seller's expense and risk.

If you make the goods available to the seller and the seller does not pick them up within 20 days of the date of your notice of cancellation, you may retain or dispose of the goods without further obligation.

To cancel this transaction mail or deliver a signed and a dated copy of this cancellation notice or any other written notice, or send a telegram to the seller at the following address;

Amerstate University
401 Wisconsin Avenue
Racine, Wisconsin 53403

No later than midnight of _____
Date

NOTE: Purchase of educational goods and services offered by a school is deemed to take place when written and final acceptance is communicated to the student by the school. If the representative who enrolls you is authorized to grant written acceptance at the time you enroll, and does so, the cancellation period ends at the time specified above. If you have not been accepted in writing at the time you enroll, the cancellation period does not end until midnight of the third business day after the day you receive written acceptance by certified mail from the school.

I hereby cancel this transaction

Date

Buyer's Signature

Buyer's Name (please print)

Street Address

City, State, Zip code

AMERSTATE UNIVERSITY GRADUATE STUDENT WITHDRAWAL FORM

Date: _____ Semester to Withdrawal: _____

Student ID _____

Name: _____

Address: _____

City: State: Zip Code: _____

Phone: _____

Withdrawal for : Fall Spring Summer Session

Program of Withdrawal: Master of Science in Martial Arts

English as a Second Language

Please check one:

Have you ever been awarded financial aid/scholarship? Yes No

I wish to be withdrawn from all courses and my program of study immediately.

I wish to be withdrawn from my graduate program of study after current semester grades are posted.

Reason for Withdrawal:

Academic Difficulty

Marriage Plans

Military Service

Moving

Family Problems

Financial Problems

Goals

Health Problems

Attending Another University

Change in Career Plans

Dissatisfied with University

Employment

Travel

Transfer to another program

Personal Reasons

Other: _____

I understand that by signing this form, I am withdrawing from Amerstate University and my status will be changed to non-matriculated. If I decide to resume my studies, I must reapply for admission to the specific program of study. I understand this does not absolve me from any outstanding financial obligations to the University.

Student Signature

Date

PLEASE RETURN TO THE ADMISSIONS OFFICE

You may fax this from to 262-635-0989; however a signed original must also be received by mail or in person at 401 Wisconsin Ave. Racine, WI 53404, in order to make your withdrawal official.