

**Department of Adult & Continuing Education**  
**Chesapeake Public Schools**

**Request for Refund**

Date of Request: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary telephone Number: \_\_\_\_\_

Alternate Number: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Location: \_\_\_\_\_

Reason for Refund Request: \_\_\_\_\_

\_\_\_\_\_

Do not write below this line

Approved by \_\_\_\_\_

Unapproved Reason: \_\_\_\_\_