



Please fill in the required information and check the circles where applicable.

Full Name _____ Student # _____

Email Address _____

Telephone: Home: _____ Work _____

I am registered in the level# _____

I wish to stop my studies at level # _____

The reason for the cancellation of my registration is : _____

I am including \$50 CDN, \$35 US or 35 Euros for my Cancellation Fee.

I am also including the balance payment for my account \$ _____

I am also including any supplemental fee of \$ _____

I should be receiving a reimbursement of \$ _____

I don't know my account balance, please send me my Account Balance.

Once my account is up-to-date, I wish to have my file closed.

I wish to complete my current level before my file is closed.

Please sign and make a copy of this form. Send it to the AMCC with all related documents needed.

Signature: _____ Date: _____

Avoid the mention of "Failure" or "Drop out" in you file : If your payments are up-to-date and all paid for, the AMCC will proceed with the closure of your file. We will send a receipt and any diplomas if you request them for the levels completed. We will also keep your file in case you decide to eventually continue your studies.

Administrator : _____ Date received: : _____