



## Cancellation Form

(Complete and return this form only if you wish to cancel your acceptance of a place at ArtsEd)

To:

The Registrar  
ArtsEd  
Cone Ripman House  
14 Bath Road  
London W4 1LY

I hereby give notice that am cancelling my acceptance of the offer of a place at ArtsEd.

Name	
Address	
Signature*	
Date	

Please give your reason for cancelling your acceptance:

If you have accepted a place at another provider, please tell us where:

### RETURN OF DEPOSIT AND/OR FEES

You will receive a refund within 28 days of receipt of this completed and signed\* cancellation form unless this form has been submitted after the 14 day cooling off period/less than four weeks before the start date specified in your offer letter.

*\*signature not necessary if notified by email*