



**Graduate/Professional Student Partner and Spouse Services
Health & Wellness Services PASS Program Cancellation Form**

Name of Person Enrolling:		Today's Date:
Enrollee Assigned ID#:	Mailing Address of Enrollee:	City, State, Zip:
Cell Phone #:	Home Phone #:	Email:
Name of Sponsoring Graduate Student:		Sponsoring Student WSU ID#:

I request that my enrollment in the Graduate PASS Program for the following semester be cancelled:

- Fall Semester, Amount Refunded: _____
- Spring Semester, Amount Refunded: _____
- Summer Semester/Session, Amount Refunded: _____

Refunds cannot be issued if you have received services during the enrollment period. Cancellation form must be submitted no later than the 13th day of classes.

Signed: _____

Date: _____

For Office Use Only

Cancellation Form Received On: _____

Point & Click Eligibility Updated On: _____ **By:** _____

75% Refund Approved On: _____

Refund Processed On: _____

Enrollee Notified On: _____