CANCELLATION AND REFUND POLICY

Cancellation prior to beginning of classes: Participants who wish to withdraw from a CAPE program must submit a written and signed notification of withdrawal. If a student informs CAPE of cancellation prior to the beginning of the class start date, tuition fees will be fully refunded within thirty (30) days of the first scheduled day of class or the date of cancellation, whichever is sooner. The $100 registration fee is non-refundable.

Cancellation after the beginning of classes: If a student informs CAPE of cancellation after classes have begun, a pro-rated refund will be made, calculated through the student’s last day of attendance until 60% of course completion. The refund will be made within thirty (30) days from the documented drop date. Students who arrive late in Hawaii to begin attending class will be charged full tuition for the entire term for which he/she was enrolled, unless evidence is provided that the late arrival was the result of circumstances beyond the student’s control (student’s hospitalization, death in the family, natural disaster, cancellation of scheduled international flight by the airline, etc.). In such cases, a pro-rated refund will be made upon presentation of appropriate documentation of the nature of the emergency.

Cancellation due to rejection: If an applicant is rejected for enrollment by CAPE or if a student’s application for a visa is rejected by the U.S. Immigration and Naturalization Service, a full refund of all monies paid will be made to the applicant. If an applicant is rejected for a visa are required to study full-time, I understand that I am responsible for paying tuition, registration fees, books, rent, food and other living expenses while I am in the United States and that these expenses will be covered according to the information I have provided on the FINANCIAL STATEMENT form. I have read and understand CAPE’s cancellation and refund policy and agree to abide by this. All information contained in my application materials is true and accurate to the best of my knowledge. I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my acceptance.

MEDICAL CARE: I hereby give permission for any appropriate medical facility to examine me or treat me in case of illness and/or injury, and to make necessary referrals as indicated. I authorize release of medical information for treatment and insurance purposes.

Funds may be paid to CAPE in U.S. dollars by any of the following methods: cashier’s check, international money order, wire transfer (“on-line transaction”) or credit card.

Payment by wire transfer / “on-line transaction”: Wire transfer is also accepted. Please contact CAPE (cape@cape.edu) for wiring instructions.

To make a payment using your credit card:
Cardholder Name: ____________________________
Card Number: ______________________________
Card Expiration Date: ________________
Amount to be billed to your credit card: $______

I understand that persons coming to the United States on a student visa are required to study full-time. I understand that I am responsible for paying tuition, registration fees, books, rent, food and other living expenses while I am in the United States and that these expenses will be covered according to the information I have provided on the FINANCIAL STATEMENT form. I have read and understand CAPE’s cancellation and refund policy and agree to abide by this. All information contained in my application materials is true and accurate to the best of my knowledge. I understand that providing incomplete, incorrect, or false information may result in the rescission or denial of my acceptance.

I have read, understand, and have made a copy of this form for my records. Further, I understand that this form constitutes a legal and binding contract between CAPE and I, once completed and signed by both parties.

I hereby give permission for any appropriate medical facility to examine me or treat me in case of illness and/or injury, and to make necessary referrals as indicated. I authorize release of medical information for treatment and insurance purposes.