Course Cancellation Form

I hereby give notice that I would like to cancel the following service:

Name of Course/Programme:

**Confirmation of details**

1. Full name:
2. Address*:*
3. Postcode:
4. Country:
5. Email address:
6. Date of registration:
7. COLPASS Student Number, if issued:
8. Have you paid any tuition fees (please circle):

Yes No

1. Date of your payment:
2. Amount of payment:
3. Method of payment:

**Confirmation of cancellation:**

To The College of Legal Practice:  I hereby give notice that I cancel my contract for the supply of the course/programme named above.

Signature:

Date: