



# The American College of Greece (ACG) Cancellation Form

*For Cancellation of Acceptance to ACG Programs*

**Full Name:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Program of Study:** \_\_\_\_\_

**Date of Acceptance Submission:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Date of This Cancellation Request:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

**Cancellation Statement:**

I hereby exercise my legal right to cancel my acceptance to the [Please give the name and reference number of the program that you are cancelling]. I understand this request is being submitted within the 14-day cancellation period. Please consider this a formal request to withdraw my acceptance and refund any acceptance deposit paid in accordance with the College's cancellation terms.

Please provide your rationale for the cancellation (optional):

\_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

**Note:**

Please email this completed form to **admissions@acg.edu** with the subject line **"Cancellation"**. If sent within 14 days of your acceptance submission, your deposit will be refunded. For requests beyond this period, refer to the college's **Refund Policy**.