



Catholic, College Preparatory
School for Young Women

TUITION DEPOSIT REFUND REQUEST

I wish to be considered for a refund of all or part of the non-refundable tuition deposit.

Student Name: _____

Address: _____

City, State, Zip Code: _____

Grade: _____

Parent or Guardian Name: _____

Address: _____

City, State, Zip Code: _____

Phone No: _____ Email: _____

Please state your hardship and/or extraordinary circumstances for this request:

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For Office Use Only: Approved Denied Date: _____

Admissions: _____ President: _____

Business Office: _____

WOMEN WHO MAKE A DIFFERENCE

29300 W 11 Mile Road • Farmington Hills, MI 48336-1409 • (248) 476-8020

Fax (248) 476-4278 • www.mhsmi.org