IPMG
6685 Telegraph Road St. Louis, MO 63129
Phone: 888-978-4764 | Fax: 314-293-9750

Application for Tuition Refund Coverage

Section I: School Information

1. Name of School: _____
   Street Address: _____
   City: _____ State: _____ Zip: _____
   Mailing Address: _____
   City: _____ State: _____ Zip: _____
   Phone: (_____)_____ Fax: (_____)_____
2. Type of School: ☐ Private ☐ Day ☐ Resident ☐ Other: _____
3. Dates of Classes: Opening: _____ Closing: _____
4. Tuition/Fees:

	In State	Out of State
Tuition	$_____	$_____
Room & Board	$_____	$_____
Fees	$_____	$_____
Total:	$_____	$_____

5. Student Population: _____ Percentage Male: _____%

Section II: Current Tuition Refund Procedure

1. How do you currently handle refunds of tuition?
   - ☐ School has a written procedure in place that is followed
   - ☐ School has a compulsory tuition refund insurance policy with _____ (insurance company name)
   - ☐ School has a voluntary tuition refund insurance policy with _____ (insurance company name)
   - ☐ Other Procedure: _____

(Please attach a copy of your student brochure or handout explaining the current procedure or insurance policy benefits)

Section III: Plan Desired

1. Check the perils that you are interested in:
   - ☐ Medical Withdrawal
   - ☐ Academic Dismissal
   - ☐ Disciplinary Dismissal
   - ☐ Voluntary Non-Medical
   - ☐ Death of Tuition Payer
   - ☐ Involuntary Unemployment of Tuition Payer
   - ☐ Job Transfer of Tuition Payer

Section IV: Attachments

☐ Current Enrollment Contract ☐ Current Tuition Refund Program Policy or Rules ☐ Tuition Bill Form

(complete page 2)

Confidential Dismissal/Withdrawal Record

ACADEMIC YEAR

	Current Year	Prior Year	Prior Year	Prior Year	Prior Year
Dismissals					
Academic					
Disciplinary					
Total					
Total Months Lost					
Medical Withdrawals					
Number of Withdrawals					
Total Months Lost					
Non-Medical Withdrawals					
Voluntary					
Job Transfer of Tuition Payer					
Involuntary Unemployment					
Death of Tuition Payer					
Total					
Total Months Lost					

Name of Person Requesting Proposal _____

Title _____ Phone Number _____

Signature _____ Date _____

Please return to:

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