

CRIP SCHEDULING FEE REFUND REQUEST

NAME _____

MAILING ADDRESS _____

I am requesting the refund of my **2018** CRIP Participation Fee in the amount of \$200.00.

I did not schedule any CRIP interviews because: (Explanation required for refund.)

- ____ I am interested in programs not participating in CRIP.
- ____ I was not selected for an interview by any of the CRIP programs.
- ____ Because of special circumstances, I could not attend and cancelled any scheduled interviews prior to the scheduling deadline.
- ____ Other (Please explain. Refund will not be granted without explanation.)

To receive a refund:

- Return this completed, signed form by January 25, 2018, the deadline for refund requests.
- All scheduled CRIP interviews were cancelled by the interview scheduling deadline. (No refunds for no shows at CRIP.)
- No refunds are given for requests received after the above deadline for refund requests.
- Refunds are processed in March, after the Match, and mailed to the address you provided above.

Signature of Applicant

Date

Print, sign, and email to: nwilliams@aacpm.org or fax to 301-948-1928 or mail to:

15850 Crabbs Branch Way
Suite 320
Rockville MD, 20855

<u>CASPR Use Only</u>	
CASPR ID #: _____	Approved _____
	Denied _____