

CRIP SCHEDULING FEE REFUND REQUEST

NAME _____

CURRENT ADDRESS _____

I am requesting the refund of my **2017** CRIP Participation Fee in the amount of \$200.00.

I did not schedule any CRIP interviews through the CRIP office because:

(Check those reasons that apply)

- _____ My greater interest was with programs not participating in CRIP.
- _____ I was not selected for an interview by any of the CRIP programs.
- _____ Because of my location or specific circumstances, I was not able to attend and cancelled the interviews I had scheduled prior to the scheduling deadline.
- _____ Other (Please explain. Refund will not be granted without explanation.)

- Refunds will not be granted without this completed, signed form or other written request.
- Refunds will not be granted to applicants who schedule CRIP one or more interviews but fail to show up.
- **Deadline for receipt of this request is January 26, 2017. No refunds will be given for requests received after this date.** Because of heavy demands on staff during CRIP and the Matching Process, refunds will be processed at the latest March 2016.

Signature of Applicant

Date

Please print, sign, and either fax to 301-948-1928, email to nwilliams@aacpm.org or mail to:
15850 Crabbs Branch Way
Suite 320
Rockville MD, 20855

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