



## Section I: School Information

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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:
- |               | <u>In State</u> | <u>Out of State</u> |
|---------------|-----------------|---------------------|
| Tuition       | \$ _____        | \$ _____            |
| Room & Board  | \$ _____        | \$ _____            |
| Fees          | \$ _____        | \$ _____            |
| <b>Total:</b> | <b>\$ _____</b> | <b>\$ _____</b>     |
5. Student Population: \_\_\_\_\_ Percentage Male: \_\_\_\_\_%

## Section II: Current Tuition Refund Procedure

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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

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

## Section IV: Attachments

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- \_\_\_\_ Current Enrollment Contract                      \_\_\_\_ Current Tuition Refund Program Policy or Rules                      \_\_\_\_ Tuition Bill Form

# 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:**  
**Markel Insurance Company**  
**P. O. Box 3870 • Glen Allen, VA 23058-3870**