

**CANCELLATION RIGHTS**

**Right to cancel**

You have the right to cancel your Pre-Enrolment Contract within a “cooling off” period of 14 days after the day you accept our offer of a place to study, provided you have not already begun your course. You also have a similar right to cancel your Enrolment Contract within 14 days if you enrol online (note you cannot use this form if your enrolment was “face to face” (i.e. in person).

If you wish to exercise the right to cancel, you must inform the University by email or by letter or **use this form.** Please send the form to: Admissions, Lord Mayor’s Walk, York, YO31 7EX or by email to [admissions@yorksj.ac.uk](mailto:admissions@yorksj.ac.uk)

**Effects of cancellation**

If you cancel this contract, we will reimburse to you all payments received from you.  We will make the reimbursement using the same means of payment as you used for the initial transaction. If you requested to begin the performance of services during the cancellation period, you must pay us the fee for the service performed from the moment of your request until your notification of cancellation

**STATUTORY CANCELLATION FORM**



Please complete in **BLOCK CAPITALS**

|  |  |
| --- | --- |
| I hereby give notice that I cancel my contract for the supply of the following service: | |
| Contract for the supply of education services at York St John University for | |
|  | **(Course title)** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of Acceptance of Offer\*** | Day: | Month: | Year: |
| **Date of online enrolment\***: | Day: | Month: | Year: |
| **Date of Cancellation** | Day: | Month: | Year: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | | | |
| **Full Name:** |  | | | | | | | |
| **Student Number** |  | | | | | | | |
| **Date of birth:** | Day: | | | Month: | | | | Year: |
| **CONTACT DETAILS** | | | | | | | | |
| Address of Student: | | | | | | | | |
| **Home Tel:** |  | | **Mobile**: | |  | | | |
| **Email:** | |  | | | | @ |  | |
| **Signature**  **(not required if submitting form electronically)** | |  | | | | | | |

***\*Please delete as appropriate:*** *if you have not yet enrolled, please confirm the date you accepted your offer; if you have enrolled, please confirm the date you enrolled.*