**Refund Request Form**

**Florida Gateway College Money Back Guarantee Program**

First Name

Last Name

FGC Student ID

Which program did you graduate from?

* Registered Nursing, A.S. (ASDN-RN)
* Licensed Practical Nursing, O.C. (PN)
* Firefighter/Emergency Medical Technician Combined, O.C.

Have you successfully completed the entire program with at least a 2.50 grade average?

* Yes
* No

Are you in good financial standing with FGC?

* Yes
* No

Are you legally eligible for employment in the U.S.?

* Yes
* No

Have you met the minimum attendance requirements for the program of study?

* Yes
* No

Have you been able to pass all necessary background and drug screening requirements for employment within the field?

* Yes
* No

Have you been willing to travel or relocate to a new market to obtain employment within the field?

* Yes
* No

Do you have a documented job search of at least 20 company applications that are directly related to the program of study?

* Yes
* No

Have you worked directly with FGC Career Services for resume/employment assistance within three months of completing the FGC program of study?

* Yes
* No

Did you pass all credential/licensing exams required of your program and industry field?

* Yes
* No