

DEFERRAL APPLICATION FORM

I _____ (full name)

of _____ (business name)

Telephone: _____ (mobile)

Email: _____

Hereby request a deferral for:

_____ / _____ / _____
(name of program/s). (date of program/s)

Reason/s:

I understand that my request will be presented to the Intuitive Reiki assessors, who will review my application within 5-10 business days.

I understand that the assessors will make every effort to provide a fair assessment of my request and will deliver a decision in writing within 5-10 business days.

Signature: _____ Date: _____

Please note:

Should your request be for medical reasons, please provide the appropriate doctor's certificate / medical proof.

Please attach any supporting documentation if applicable.

Please be aware that Lisa Brandis is NOT involved in the decision process, the Intuitive Reiki assessors have final say with regards to refunds. **All decisions delivered are final.**



Office Only:

Request for refund

- Approved
- Partially Approved
- Denied

Refund approved for amount:

\$ _____

Assessor's Signature: _____

Assessor's Name: _____

Additional Notes:

