

**SCHEDULE 1**  
**Model cancellation form**

To: Warwick Medical School  
The University of Warwick  
University House  
Kirby Corner Road  
Coventry  
CV4 8UW

Tel: 024 76150191

I (the consumer) hereby give notice that I cancel the contract for my participation in the Course detailed below.

Course Title : .....

Ordered on (date) : .....

Name of consumer : .....

Address of consumer :  
.....  
.....  
.....

Signature of consumer : .....

Date : .....