INTERNATIONAL LANGUAGE INSTITUTE
1717 Rhode Island Ave NW, Suite 100, Washington, DC 20036 • Phone: (202) 362-2505 • Fax: (202) 686-5603 • www.ilidc.com

REFUND REQUEST FORM

Student's Name: _____ **Date:**_____

Program:
- ☐ **Intensive ESL Program**
- ☐ **Semi-Intensive ESL Program**
- ☐ **ESL Tutorials or Test Prep Tutorials**
- ☐ **Homestay**
- ☐ **TESOL/TEFL Certificate**
- ☐ **Foreign Language Program**

My last day of attendance will be: _____ (no retroactive refunds!)

I request a refund of tuition/homestay for _____ weeks or _____ hours.

Reason for requesting a refund: _____

If approved, issue refund to ☐ student ☐ sponsor _____ ☐ agent.

Student's Signature: _____
(not required)

********** Please do not write below this line **********

ILI Office Use Only:
Please complete the date received and initial. Then give to Martina for completion and approval. Once approved & refunded, please file with copy of actual refund (check or credit card slip) in student's file.

Date Request Received:			**By (put initials here):**	
1.	Cancellation before Start:	☐ Yes (proceed to **3.**) by ☐ ILI or ☐ student		
2.	Student's Start Date:		Scheduled End Date:	
	LOA Scheduled Return Date:		Last Day of Attendance:	
	Date of Determination:*		% of Class Completed:	
	Reason for Refund:	☐ Early Withdrawal ☐ Overpayment ☐ Unused Vacation Credit	Refund Due:	☐ Yes ☐ No, _____
3.	**Refund Calculation:**	Tuition/Homestay Paid: Less applicable Tuition/HS, fee or materials:	$ - $	☐ cash/check/debit cd ☐ credit card
		Amount to be refunded:	**$**	
4.	Approved/Denied by:		Refund Method:	☐ check ☐ credit card
	Refund Issued on:		Proof of Refund Attached:	☐ Yes ☐ No

*The date of determination is the date the student gives written notice of withdrawal to the institution or the date the institution terminates the student due to the student's failure to adhere to the institution's attendance, conduct, or student progress policy.