



# REFUND REQUEST LETTER Ver.1.2

Center \_\_\_\_\_  
(Washington, Arlington, Silver Spring)

Program \_\_\_\_\_  
(AM Intensive, PM Intensive, Semi-Intensive, Saturday, Workshop, Tutorial)

Student's Name \_\_\_\_\_  
Last Name, First Name

Student's Phone Number \_\_\_\_\_  
(Country Code, Area Code, Phone Number)

F-1 Student **YES\*** **NO**  
(Circle Yes or No)

Date \_\_\_\_\_  
MM/DD/YYYY

**Dear LADO INTERNATIONAL COLLEGE:**

I, \_\_\_\_\_, request a refund for \_\_\_\_\_  
(Student's Name or Sponsor's Name) (the class, the workshop, the tutorial)

starting \_\_\_\_\_ and ending \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

I stopped attending class on \_\_\_\_\_ because \_\_\_\_\_  
MM/DD/YYYY

I wish to receive the refund by: **Check** **Credit Card** **Wire transfer** **Yellow Card**  
(Circle one payment method and provided details below)

Check Information
Name on the Check:
Address:
<small>(Street Number and Street Name)</small>
<small>(City, State &amp; Zip Code)</small>

Credit Card Information
CC Holder's name:
CC Number
CC Exp. Date

Wire Transfer
Account Name:
Account Number
Bank Name
SWIFT / ACH Code
Country

**SPECIAL NOTE:**  
This refund request will be processed within 30 days of the request date.

Signature: \_\_\_\_\_  
Petitioner's Signature

**\*All F-1 Students must submit this Form in order to process a refund request**