



REFUND REQUEST FORM

Student ID #: _____

Last Name		First, Middle(if any) Name	
Which semester did you apply for?		Which program did you apply for?	

Mailing Address: _____ Street
_____ City State Zip Country
Tel: _____ Fax: _____ Email: _____

Reason(s) the Refund:

- Visa Denial
- Financial difficulties
- Health problems
- Employment offer
- Developed Interest to other institution (please specify name): _____
- Other(s) Please Specify: _____

Refund Policy

The bank transaction fee, however, will be deducted from this total. In general, FXUA will refund the tuition deposit in the same manner as it was received by FXUA (credit card payment, bank wire transaction, or check). Please note that FXUA **will only issue tuition refunds to the organization or person who made the original payment**. The application fee and the postage fee are not refundable. If the student came to FXUA to register for classes, in order to get full refund a written notice must be received by the last day of add/drop period. **Note that the time of this refund can take up to 45 calendar days**. It is University policy to hold tuition deposits refundable for one year after the application date. After lapsing of the one year period, these deposits become non-refundable.

In order to proceed with the refund process, please complete this form, sign and submit

You may send these documents by the following methods:

1. Fax it to the FXUA Accounting Office at 703-591-7046
2. Mail to FXUA Accounting Office
 Attn: Accounts Receivable
 4401 Village Drive
 Fairfax, VA 22030, U.S.A.
3. E-mail it to accounting office at: accounting@fxua.edu

Please note that the application fee, books, instructional supplies, and service charges rendered during this process are nonrefundable.

Choose one of the following methods. Please note that FXUA will refund the money in the same manner as it was received by FXUA (credit card payment, bank wire transaction, or check).

a. If you paid by check, please provide the following information:

Last Name: _____ First Name: _____ Middle Name: _____

Pay to the order of: _____

Mailing Address:

_____ Street _____ City _____ State _____ Zip _____ Country _____
Tel: _____ Fax: _____

b. If you paid by wire transfer, please provide the following information:

Beneficiary Name: _____
(Account holder's name)

Beneficiary Address: _____
(Account holder's address)

Beneficiary City and State: _____
(Account holder's city and state)

Beneficiary Country: _____
(Account holder's country)

Beneficiary Account #: _____
(Account holder's account number)

Beneficiary Bank ID: _____
(Routing number – for domestic wire)

Beneficiary Bank Name and Address: _____
(Account holder's bank name and address)

Swift Code: _____
(Account holder's bank swift code – for international wire)

c. If you paid by credit card, please provide the following information:

Card Holder: _____

Card Type: _____

Card No: _____

Exp. Date: _____

Student's Signature: _____

Today's Date: _____

Accounting Office:		
Approved On: _____	Denied on: _____	Amount: _____
Signature: _____	Date: _____	