

# Action Request Form (ARF)

Please submit this form at least two weeks in advance.



Student Name		SEVIS ID	
Phone Number		E-mail	
U.S. Vacation Leave of Absence	Start Date: (MM/DD/YY)      Return Date: (MM/DD/YY) I will visit (City / Country)		
Transfer Termination of I-20 (Cancellation / Withdrawal)	New School Name:      Phone: Scheduled Date: (MM/DD/YY)      E-mail:		
Appeal / Other Action			

There is a **\$20.00 record processing fee** for any official letter, transcript, and I-20 after an initial official transcript and I-20. There is also a **\$150.00 class change fee** after the first 2 days of the session. It may take up to 5 business days for processing requests, however, additional time may be needed on a case-by-case basis.

I have read and understood the Student Handbook, the procedures, and implications for returning to my course of study or failing to return following the vacation. If you need an interpreter, please ask your director.

**Student Signature:**  
Not required for Refund

Date: (MM/DD/YYYY)

## School Officials ONLY

Start Date	Scheduled End Date	Scheduled LOA (if any)	LDA	DOD	Refund Due	Refund Due Date	Refund Issued
MM/DD/YY	MM/DD/YY	MM/DD/YY ▶ MM/DD/YY	MM/DD/YY	MM/DD/YY		MM/DD/YY	MM/DD/YY

### Refund Calculation (Completed by CFO Only)

**Step 1.** Weeks of Term Completed

$\frac{\text{Weeks of Term Prepaid}}{\text{Weeks of Term Completed}}$   
(Zero if never started)

\*

**Step 2.**

% of Term Completed - 100

Incomplete % of Term

Prepaid Tuition ×

Promotion -

**To be refunded**

Is this ARF approved? ( Y / N )\*

Signature:

Date:

If a refund is issued 45 days after LDA or LOA end date, explain:

\* Please notify the student.