



3740 University Street
 Eugene, Oregon 97405 U.S.A.
 Email: Admissions@htir.com
 Website: www.htir.com

Administrative Use Only

Courier Date: _____
(Agency only)
 Received Date: _____
 Forward To School Date: _____

Refund Request Form

Student Name: _____
(as seen on passport)

Date of Birth: _____
(Month/Day/Year)

University Applied to: _____

Term Applied to: _____

Reason why the student is requesting a refund:

Did the student use the I-20 for the Visa Interview? YES NO

If 'No,' please explain why:

Is the student choosing to withdraw from the program? YES NO

If 'Yes,' please explain why:

Please attach the required documents in order to receive the refund:

Please note to provide the following documents before raising a refund request and failure to comply will result in decline of approval of the refund.

- Original I-20
- If denied visa, the student must give a visa interview report
- Visa Denial Paper/Stamp
- Deposit Receipt
- Refund Information
- SEVIS Confirmation Page



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Refund Information

Bank Information

Student Name: _____
(as seen on passport)

Sponsor Name: _____
(name of person who is getting the refund)

Bank Name: _____

Bank Address:

Bank Phone #: _____

Bank SWIFT or Routing #: _____

Account #: _____

Home address of person receiving refund:

Phone number of person receiving refund: _____