

Refund Application From

If you would like to request a refund, please fill the form, and include all relevant information. Please attach all evidence required as well. Evidence may include:

- A letter of visa refusal
- Medical certificates
- Evidence of compassionate ground
- Offer of Enrolment from another provider

Student Name:		Student ID:						
Course(s):								
Date of Withdrawal:								
Enrolment status			Please tick					
I have commenced my course								
I have not commenced my course								
I currently owe fees and want them reconsidered								
Reason for refund request								
Evidence attached (Please list the evidence you have attached to your refund application)								



Payments of refunds (Please note,									
Where would you like to receive the refunds?				☐ To the ac	count below	☐ My agent			
Bank details for payments <u>in</u>		Bank:			BSB:				
Australia (onshore)		Account Num	ber:		Account Name:	Account Name:			
Bank details for payments <u>outside</u> <u>of Australia</u> <u>(offshore)</u>		Recipient's fu	ıll name:						
		Recipient's st	reet address:						
	<u>iside</u>	IBAN or Bank	account number:						
		SWIFT/BIC co	ode:						
		Sort codes or	routing code:						
Student Signa	ature:								
Printed Name	: :	Date:							
Application Review and Outcome									
Processed by (Name and position):):						
Application outcome:				☐ Approved ☐ Not Approved					
Comments:									
Staff member Signature:				Date:					
Accounts (please fill if a refund amount is approved)									
Processed by (Name and position):									
Total refund amount:									
Comments:									
Paid date:			Student notified	□ Yes □ No	Notification date				