

Application for Refund

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejections.

Student ID:	Student Name:
Phone:	Email:
Course Name:	
Address:	

Conditions for Refund

All Refunds are made according to the Institute's Refund Policy and your signed Offer Letter and Student Acceptance Agreement. If the refund is approved, the refund will be paid into your nominated bank account (or where it is identified that another person or organisation paid the fees, to their nominated bank account) within 12 weeks from the decision. All students must ensure they have read and understood the Institute's Refund Policy and your signed Offer Letter and Student Acceptance Agreement prior to completing this form.

Bank Remittance Details

Please provide details of the nominated bank account where you would like the refunded fees transferred into. Where you were not the individual or organisation who made the payments to the Institute, the applicable refund fees will be transferred into their nominated bank account.

Bank Name: _____ Branch Name: _____

Account Name: _____

BSB Number: _____ Account Number: _____

Swift / BIC Code: _____

Reasons for Requesting Refund (Please attach relevant supporting documentation to support your application)

Student Declaration

I declare that I have read and understood the Institute’s Student Deferment, Suspension and Cancellation Policy, Student Refund Policy and terms and conditions stipulated in my Offer Letter and Student Acceptance



Agreement, and confirm that the information and supporting documentation provided by me is true and correct.

I understand that providing false information to the Institute may result in the termination of my enrolment and/or entitlements.

Student Signature: _____ Date: _____

Office use only

Admissions Department	Comments:		
	Name:	Signature:	Date:
Accounts Department	Fund Received: Yes/ No	Tuition Fees:	Refund Amount:
		Admin Fees:	
		Health Insurance:	

	Invoice Reference Number:		
	Name:	Signature:	Date:
Application <input type="checkbox"/> APPROVED <input type="checkbox"/> REJECTED			
Action Taken By (Academic Manager)	Name:	Signature:	Date:
Original Fees Paid \$ _____ Receipt No: _____ Date of Payment ____ / ____ / ____			
Total Amount Refunded \$ _____ Receipt No: _____ Date of Payment ____ / ____ / ____			
Comments:  			

RTO NO: 41204; CRICOS CODE: 03427D