

## **Refund Application Form**

Student Name:		Student ID:	
Course:			
Date of withdrawa	l:		

Enrolment status	Please tick box
I have commenced my course	
I have not commenced my course	
I currently owe fees and want them reconsidered	

Reason for refund request	

Student Signature	
Printed Name:	
Date:	



## **Refund Application Form**

Payment Details	
Bank Cheque	
Cheque payable to:	
Address:	
Postcode:	Country:
Telephone:	Mobile:
Email:	Fax:

Electronic Payments in Australia		
Bank name:		
Name of account holder:		
BSB number:	I.	
Account number		

International Electronic Payments (please be noted bank fee may apply)		
Name of account holder:		
Bank name in full:		
Branch address:		
Country:		
Full account number:		
Swift code:		
Applicants Signature:		
Date:		

Official Use Only			
Pre arrival / commencement refund		Post commencement refund	
Student number:		Payment received date:	
First name:		Last name:	
Refund application received by:		Date received:	
Refund approved by:		Date approved:	
Refund sent to student:		Date sent:	
Total amount received:	Deductions:	Amount payable:	