

To be completed by all students requesting a refund. All relevant fields MUST be filled out or this form <u>will NOT be accepted.</u>

			Date):		
A: Personal Details						
Given Name			Family Name			
Address						
DOB			Pho	ne		
Email			Student ID			
Passport Number			Ema	il		
Course						
B: Refund Reason						
	Withdrawal		□ Transfer to another register provider			
	Difference in tuition fee		Visa refusal			
	Accommodation fee	S	Other:			
	Failure to meet Engl requirements	ish Language				
C: Payment Details (one option only)						
	Bank Transfer (Australia)		BSB:			
			Account Number:			
			Account Name:			
			Bank:			
			Bank Address:			
	Bank Transfer (International)		SWIFT Code:			
			Account Number:			
			Account Name:			

OFFICE USE ONLY - Finance	Comment	
Total paid tuition	\$	
(less)%	\$	
Total	\$	
(plus) OSHC	\$	
(Plus) Other	\$	
Total Refund	\$	
Approved/denied (please print name):	Signature	Date:

Comments:

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