



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

		Date:	
A: Personal Details			
Given Name		Family Name	
Address			
DOB		Phone	
Email		Student ID	
Passport Number		Email	
Course			
B: Refund Reason			
<input type="checkbox"/> Withdrawal		<input type="checkbox"/> Transfer to another register provider	
<input type="checkbox"/> Difference in tuition fee		<input type="checkbox"/> Visa refusal	
<input type="checkbox"/> Accommodation fees		Other:	
<input type="checkbox"/> Failure to meet English Language requirements		<input type="checkbox"/> _____ _____	
C: Payment Details (one option only)			
<input type="checkbox"/> Bank Transfer (Australia)		BSB:	
		Account Number:	
		Account Name:	
		Bank:	
<input type="checkbox"/> Bank Transfer (International)		Bank Address:	
		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: _____

