

Application for Refund

SMD17_Version 1.0

Implemented: October 2017

To be reviewed: October 2018



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

You must also complete and attach the Application to Withdraw Form with this form.

Title: Mr / Ms / Miss / Mrs	Student Name:
Student Number:	Phone:
Course Title:	Email:
Group:	Date:

Conditions for Refund

All Refunds are made according to the College'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 10 working days of the decision. All students must ensure they have read and understood the College'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 College, the applicable refund fees will be transferred into their nominated bank account.

Bank Name: _____ Account Name: _____

Account Number: _____ BSB Number: _____

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

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Student Declaration

I declare that I have read and understood the College'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 College may result in the termination of my enrolment and/or entitlements.

Student Signature: _____ Date: _____

Office use only

Application Received By	Name:	Signature:	Date:
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Application Approved or Rejected
(Please circle)

Action Taken By	Name:	Signature:	Date:
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Original Fees Paid \$ _____ Receipt No _____ Date of Payment ____ / ____ / ____

Total amount refunded \$ _____ Receipt No _____ Date of Payment ____ / ____ / ____

Staff Comments: