

Refund Request Form

1. Student Details

Full Name: ID:

Phone: E-mail:

Street name & number:

Suburb: State: Post code:

2. Request Details

Course Start End

Amount Paid Agency Name

Who paid the fees to the college?

Agent Student Other

How the fees were paid

EFTPOS Internet Transfer Credit Card Cash

3. Bank Details

The refund will be made if approved to the person or agent whom paid the fees.

Bank name:

BSB/SWFT Code: Account number:

IBAN #:

Bank address:

Account name:

Supporting documents:

Reason for request

I, _____, declare that,

- I am the original payer named in or, if the original payer is deceased, I have authorized the person named in section 3 (bank details- account name),
- The information provided by me is true and correct

Student
signature:

Date:

Refund Request Form

Office use only

Status	Approved <input type="checkbox"/> Refused <input type="checkbox"/>
	Reason: _____ _____
	Approved by: _____ Date: / /

Name:

Date of Refund / / PMT reference number

Amount Refunded

Document Checklist	Yes	No	Comment
Completed & signed refund request			
Authorisation letter (if needed)			
Refund supporting documents			
Refund calculation sheet			

Checklist	Yes	No	Comment
COE cancelled			
Student notified			
Agent notified (If any)			
Student account updated			
Student diary updated			
Student status updated			
Accounting system updated			
Refund checklist checked and uploaded			