



APPLICATION FOR REFUND

Date: _____

Student ID Number: _____

Course: _____

Full Name: _____

Address: _____

Country: _____

Telephone: _____ Mobile: _____

Email: _____

Amount to be refunded: \$ _____

Reason for refund: _____

Method of payment (cash will not be given)

All refunds are made by Electronic Fund Transfer, please provide your bank details*:

Bank: _____ Account Name: _____

BSB Number: _____ Account Number: _____

* If you paid any fees via an agent, the refund will be paid to you via the same agent.

Signature: _____ **Date:** _____

Office use only

Registrar Approved: _____ Date: _____

Accounts Approved & Processed: _____ Date: _____

Student Services Notified Student: _____ Date: _____