| Student Name | | | |
|---|---|---|---|
| Address | | | |
| Course | | | |
| Student Id | | Course Start Date | |

I wish to apply for a refund for my tuition fees paid for course described above. My reasons for applying for a refund are herein below. I also understand that Application Fee is non-refundable.

| Please tick relevant Box | Circumstances | |
|---|---|---|
| ☐ | Visa refused prior to course commencement | 100% refund of tuition fees |
| ☐ | withdraw from the course after fees have been paid but before commencement | 100% refund of tuition fees |
| ☐ | Withdrawals notified in writing and received by the college on the commencement date or after the study period(term) commences | Refund of unused Tuition fee less an administration fee of $250. ** |
| ☐ | Student breach of visa conditions, and suspension or cancellation of enrolment by the college | No refund of current study period (term) Tuition fees paid. |
| ☐ | Provider Default<br>• no alternative course offered by the Provider and accepted by the Student<br>• the course is not provided fully because the Provider has a sanction imposed by the Government Regulator | Refund Amount = Unspent Pre-paid Tuition Fee |
| ☐ | Provider Default<br>• unable to deliver course in full | Refund of all the tuition fees and material fees |
| ☐ | Provider Default<br>• Provider fails to commence the course on the agreed commencement date | Refund Amount = Unspent Pre-paid Tuition Fee. Prepaid tuition fee may be transferred to an alternative enrolment where the student agrees |
| Any Other reason:<br><br><br><br><br> | | |

*\*Students may have extenuating circumstances that prevent them from attending scheduled course dates that may include, but not limited to illness, family or personal matters or other reasons that are out of ordinary. Where evidence can be successfully provided to support the students' circumstances, course fees may either be transferred to the next available Course where applicable or a refund of unspent tuition fee will be issued. The decision of assessing the extenuating circumstances rests with the CEO and shall be assessed case by case.*

**Student's Bank Details: -**

 Account Name: _____  BSB: _____

Swift Code: _____  Account No: _____

Bank Name and Address: _____

Student Signature: _____  Date: _____

| For Office Use Only |
|---|

Refund Granted ☐                    Refund Not Granted ☐

Amount of Refund: _____

**Recommending approval: Processed by Accounts**

**Final Approval:**

**Administration Coordinator:**

**Account Officer:**

**Principal Executive Officer:**