



Student Refund Form

Student's Details

First Name _____ Last Name _____

Contact Number _____ Email _____

Address _____

Course Code/Title _____

Reason to apply for refund

Supporting documents *(Copy of visa refusal letter/Offer Letter from other provider/Medical Report)*

Student's Bank Details

Student's (Beneficiary) Name _____

Student's (Beneficiary) Contact Number _____

Student's (Beneficiary) Email Address _____

Bank Name _____ Account Number _____

BSB Number _____ SWIFT CODE _____

Please note that the refund calculation method and processing time frame are stipulated in the International Student Refund Policy

Type	Forms	Next Revision Date	01.10.2026	Document Owner	Finance Manager
Version	1.2	Date Amended	01.10.2024	Original Issue Date	07.05.2014
Title	Student Refund Form		RTO: 40732	CRICOS:03376K	
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Declaration

I declare that to the best of my knowledge, the information supplied herein is correct and that the documentary evidence supporting this application is authentic. I authorise the Institute to obtain further information with respect to my application and, if necessary, to investigate the legitimacy of the documentation I have provided. I acknowledge that the submission of incorrect or false information may result in forfeiting all the fees I paid.

Student Signature _____ Date _____

OFFICE USE ONLY

This form is received by _____ on _____.

Remarks

Refund Calculation

Fees Paid	
Less Application Fee	
Less Administration Fee	
Less Other Deduction	
Total Refund	
Refund Date	

Finance Manager Signature _____

Date _____

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