REFUND REQUEST FORM

	E	nrolmer	nt Details			
Agent Name:						
College Name:						
Student Name:						
Date of Birth:						
Course Name: Contact Phone Number/Email:						
Date:						
Reason for Refund:	Visa Refusal		Course Cancelled by Student		Provider Default	
Agent/Student's Account Details						
Name (agency/student):						
Address:						
Account Name:						
Account Number:						
BSB Number:						
SWIFT Code:						
Bank Name:						
Bank Address: You must attach letter signe	d by student requ	esting re	fund and/or visa refusa	l letter f	rom Department of	

Immigration and Citizenship.

Churchardt, Cierranture		Dete				
Student Signature Date OFFICE USE ONLY:						
	OFFIC					
Amount Student Paid (to be filled by Marketing Manager)			Date Refund Request Received:			
Tuition Fee:	\$					
OSHC:	\$					
Other Fees:	\$					
<u>LESS</u>						
Agent's Commission:	\$					
Refund Administration Fee	\$					
Cancellation Fee	\$					
AMOUNT TO BE REFUNDED	\$					
Marketing Support Checklist			Date Actions Made:			
eCOE Cancelled		Yes	No Initials:			
SSO informed by email] Yes	No Initials:			
Accounts Receivable informed by email		Yes	No Initials:			
Refund Authorisation: Approved Due Date:						
PEO Signature			Date			
Accounts Checklist			Date Refund Request Received:			
Refund Paid	∐ Yes		No Initials:			
MYOB Updated	Yes		No Initials:			