

Refund Request Form

Student Name:			
Student No:		Date:	
Email:		Mobile:	
Course:		Start Date:	
I request a refund for the following:			
Reason for refund: (Please attach any supporting documentation)			
<input type="checkbox"/> Visa Refusal <input type="checkbox"/> Cancellation <input type="checkbox"/> Credit Transfer <input type="checkbox"/> Visa Renewal Refusal <input type="checkbox"/> Visa Breach of Condition <input type="checkbox"/> Withdraw <input type="checkbox"/> Transfer <input type="checkbox"/> Deferment <input type="checkbox"/> Other, Description			
Student Declaration			
<input type="checkbox"/> I have read and understood the City College Refund and Cancellation Policy. <input type="checkbox"/> I have received the details about how my Refund has been calculated and agree to the refund calculated. I understand that I have the right to appeal the calculated amount. <input type="checkbox"/> I understand that City College I will not transfer any funds to a third party unless I explicitly request it in writing, in which case City College shall be released of any responsibility in relation to the refund, once the funds have been transferred as requested.			
Student Name		Date	
Signature			
Student Account			
Bank Address		Bank Name	
Swift Code:		BSB Number:	
Account Number:		Account Name:	
Note: Non-refundable amount will be \$250 (admission fee)			

Item and/or Course Code & Title	Amount in AUD \$	Total amount in AUD \$	
	Total Amount of Refund		
Agent signature (if required)			
City College Agent Declaration: I _____ have refunded all monies paid by student to our organization in accordance with the City College Refund Policy as listed on the Letter of Offer and have attached an electronic copy of repayment.			
Signed by Agent:		Position:	
Print Name:		Date Processed:	
Office Use Only			
Copy of electronic receipt placed on student file		<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Recorded by:		Signature:	
Compliance/ Training Manager Signature		Date:	