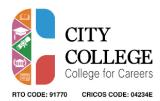


Refund Request Form

Student Name:						
Student No:			Date:			
Email:			Mobile:			
Course:			Start Date:			
l request a refund f	or the f	ollowing:				
Reason for refund:	(Please	attach any supporting docur	nentation)			
Visa Refusal		Cancelation		🗆 Cred	it Transfer	
Visa Renewal Re	fusal	🗆 Visa Breach d	of Condition	□ w	'ithdraw	
Transfer		Deferment				
Other, Descriptio	n					
Student Declaration	Student Declaration					
 understand that I have the right to appeal the calculated amount. 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)						

Document Name: Refund Request Form		RTO Code: 91770	CRICOS Code: 04234E
Version: ACC_FR_02_V.01	Approved: May 2024	Review Date: May 2025	Page 1 of 2



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: Ihave 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 Processe	d:	
Office Use Only						
Copy of electronic receipt pla			□ Yes			
				□ NO		
Recorded by:				Signature:		
Compliance/ Training Manager Signature				Date:		



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