

STUDENT APPLICATION FOR A REFUND

Instructions			
Students are to complete this form when applying for a refund of fees paid to the College. Students are to access the College International Student Fees and Refund policy and procedure prior to submitting this form. This form must be completed by the student. Students may have refund rights under the Australian Consumer Law. Students must submit verifiable documentary evidence to support refund applications. When completed and signed, email to info@capital.edu.au or deliver to the College administration office.			
Part A: Student Details			
Last Name		First Name	
Date of Birth	ACC ID Number		USI
Course Code and Title			Course Start Date
Email address		Phone	
Address			
Part B: Refund Request Details			
Students are to indicate the reason for submitting this refund application. Please refer to the Fees and Refund policy and procedure for refund terms, conditions and processes. Contact the Training Manager if you require clarification on any matter.			
Indicate reason(s) for refund request. <ul style="list-style-type: none"> <input type="checkbox"/> Visa refused (attach documentary evidence from DIBP) <input type="checkbox"/> Withdrawing from course due to compassionate or compelling circumstances <input type="checkbox"/> I am changing education providers and I have a valid Letter of Offer from a new education provider <input type="checkbox"/> I have failed to meet entry requirements / conditions on Letter of Offer <input type="checkbox"/> Withdrawing from course due to academic issues <input type="checkbox"/> Withdrawing from course due to personal reasons <input type="checkbox"/> My enrolment has been cancelled due to a breach of College policies & procedures/ code of conduct <input type="checkbox"/> Other. Please provide details below: 			

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Part C: Payment Details				
If a refund is approved, refunds will generally be made via the same method used to pay the College. Credit card refunds will only be made to the credit card originally used.				
<input type="checkbox"/> Credit Card	Number	Type	Exp Date	
<input type="checkbox"/> Australian Bank Account	Bank	Account Name		
	BSB Number	Account Number		
Part D: Declaration and signature by student				
<ul style="list-style-type: none"> I declare that the information supplied on this form and the information given in support of my application is correct and complete. I authorise the College to obtain official student records from any educational institution necessary to make an informed decision about the application or matters that concern enrolment. I acknowledge that the provision of incorrect information or the withholding of relevant information relating to my application may result in a delay in the assessment of my application or a withdrawal of the offer of a place. I declare that I have reviewed the International Student Fees and Refund policy and procedure and understand the impact of submitting this application on claiming a refund of fees I have paid to the College. 				
Student signature			Date	
Part D: College staff to complete				
<input type="checkbox"/> Granted <input type="checkbox"/> Rejected <input type="checkbox"/> Further information requested				
Reasons for decision / notes / comments				
Date student notified of outcome ___ / ___ / ___ <input type="checkbox"/> College Systems have been updated				
This form is to be placed in the student file when College processes are complete.				
Staff member name	Staff member signature	Date		