

Application for Refund Form

Student Details

Student Full Name:
Student ID Number: **D.O.B.**
Current Address:
Telephone: **Mobile Number:**
Email Address:

Enrolment Status

I have commenced my course Yes ☐ No ☐
 I have requested and withdrawal of my course has been finalised Yes ☐ No ☐

Refund Request Details

- | | |
|--|--|
| ☐ Student visa refused prior to course commencement | ☐ Student visa refused after course commencement |
| ☐ Withdrawal before course commencement | ☐ Withdrawal after course commencement |
| ☐ Compassionate or compelling circumstances | ☐ Provider default (course cancelled/not delivered) |
| ☐ Overpayment | ☐ Other |

REASON FOR REFUND:

Refund Payment Details

Person Receiving Refund: ☐ Student ☐ Nominated Person (Complete below)

Nominated Person Name: _____

Nominated Person Phone: _____

Nominated Person Address: _____

Bank Details

Bank Name:
 Bank Address:
 Country:
 SWIFT Code (if overseas): IFSC Code (if overseas):

Account Holder Details

BSB Number: Account Number:

Refunds will be paid in Australian Dollars only.

I declare that the information provided in this application is true and correct. I understand that:

- Submission of this application does not guarantee approval of a refund;
- Refunds are assessed in accordance with Sacred Heart International College's Refund Policy and Written Agreement;
- Administration/Registration Fees and non-tuition fees may be non-refundable;
- Any outstanding fees owing to Sacred Heart International College may be deducted from the refund amount;
- Refunds will be paid within the applicable timeframe stated in the Refund Policy;
- I have the right to appeal any refund decision within twenty (20) days of notification.

Student Signature:

Date:

Office Use Only

Refund Approval:

Reason for Decision:

☐ Approved

☐ Declined

Signature:

Date:

Refund Outcome:

☐ Refund application processed? - ☐ Not applicable

☐ Refund outcome sent to student/nominated person?

☐ PRISMS updated? - ☐ Not applicable

Comments:

Signature:

Date: