Credit / Refund Form

F-2.2.1_v7

ACADEMIES AUSTRALASIA

Student Details

Student Name

Student Number

Date of Birth

Email

Contact Number

College

Additional College (for package enrolments if applicable)

Course Name(s)

Reason for Credit / Refund:
(Tick applicable box and attach required documentation)

☐ Visa refusal (Withdrawal form & confirmation letter from Department of Home Affairs must be attached)

☐ Withdrawal from ALL Studies (copy of withdrawal form must be attached)

☐ Transfer to another Institution (copy of new Offer Letter must be attached)

☐ Other (please state)

Refund Payment Details (Please choose one)

☐ Refund into an Australian Bank Account (Electronic Funds Transfer (EFT))

Account Name

Bank Name

BSB

Account Number

☐ Refund into an Overseas Bank Account (Telegraphic Transfer (TT))
Note: Refunds are normally made in the currency of your country of permanent residency. The College is not liable for any bank charges or variance from foreign exchange rate fluctuations.

Beneficiary Name

Beneficiary Address

Beneficiary Contact Number

Bank Name

Bank Address

SWIFT Code

IFSC/IBAN:
(IFSC must be provided for Indian account/ IBAN must be provided for Pakistan account)

Account Number

Account Currency

☐ AUD ☐ USD ☐ EUR ☐ GBP

Authorised Person
(Complete this section if you are applying for the refund to be paid to another person)

I (student's name) _____
authorise for my refund of tuition and/or other fees to be transferred to the account of (name of authorised person) _____ who is my
(relationship to the person) _____

Student Declaration

I declare that I have read and understand the College Refund Policy and Procedure.
In signing this application for refund of tuition fees, I state that the information provided is true and correct. I understand my refund will be processed within 4 weeks from the date the College has received all the required documentation.

Student Signature	Date

For Students Under the Age of 18
Name of Parent/Guardian

Signature	Date

OFFICE USE ONLY

☐ Refund Approved   ☐ Refund Not Approved

Staff Name

	Signature	Date
		___/___/_____ dd mm yyyy

Comments