

Application for Refund

Please ensure to fill this form correctly. Incorrect or incomplete forms will result in delays or rejection

Student ID:	<input type="text"/>	Student Name:	<input type="text"/>
Phone:	<input type="text"/>	Email:	<input type="text"/>
Course Name:	<input type="text"/>		
Address:	<input type="text"/>		

Conditions for Refund

All Refunds are made according to the College's Refund Policy and your signed Letter of Offer and Student Acceptance Agreement. If the refund is approved, the refund will be paid into your nominated bank account (or where it is identified that another person or organisation paid the fees, to their nominated bank account) within 10 working days of the decision. All students must ensure they have read and understood the Institute's Refund Policy and your signed Offer Letter and Student Acceptance Agreement prior to completing this form.

Bank Remittance Details

Please provide details of the nominated bank account where you would like the refunded fees transferred into. Where you were not the individual or organisation who made the payments to the Institute, the applicable refund fees will be transferred into their nominated bank account.

Australian Bank Account Details

Bank Name:	<input type="text"/>	Account Name:	<input type="text"/>
BSB Number:	<input type="text"/>	Account Number:	<input type="text"/>

Overseas Bank Account Details

Bank Name:	<input type="text"/>	Account Name:	<input type="text"/>
SWIFT Code:	<input type="text"/>	Account Number:	<input type="text"/>

Third Party Refund Authorisation

I authorise the third party listed below as my beneficiary for the transfer of the refund/s from Contempo College:

Third Party Information

Name:	<input type="text"/>	Relationship:	<input type="text"/>
Bank Name:	<input type="text"/>	Account Name:	<input type="text"/>
SWIFT Code:	<input type="text"/>	Account Number:	<input type="text"/>

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Reasons for Requesting Refund

(Please attach relevant supporting documentation to support your application)

Student Declaration

I declare that I have read and understood the Colleges Student Deferment, Suspension and Cancellation Policy, Student Refund Policy and terms and conditions stipulated in my Offer Letter and Student Acceptance Agreement and confirm that the information and supporting documentation provided by me is true and correct.

I understand that providing false information to the Institute may result in the termination of my enrolment and/or entitlements.

Student Signature:

Date:

Office Use Only

Admissions Department:

Comments:

Name:

Signature:

Date:

Accounts Department

Fund Received: <input style="width: 100%;" type="text"/>	Tuition Fees: <input style="width: 100%;" type="text"/>	Refund Amount: <input style="width: 100%;" type="text"/>
Invoice Reference #: <input style="width: 100%;" type="text"/>	Admin Fees: <input style="width: 100%;" type="text"/>	
	Health Insurance: <input style="width: 100%;" type="text"/>	

Name:

Signature:

Date:

Application:

APPROVED

REJECTED

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Action Taken by Management

Name:

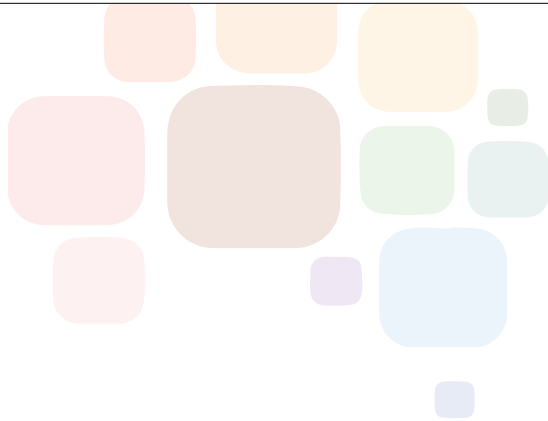
Signature:

Date:

Original Fees Paid \$ Receipt No: Date of Payment

Total Amount Refunded \$ Receipt No: Date of Payment

Comments:



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