

CFS02 Application for Refund of Fees Form

Refer to the Fees and Refund Policy and Procedure for the full details

Student details		
Student Name:		
Student ID:		
Course Enrolled:		
Contact Details:	Phone:	
	Address:	
	Email:	
Date:		
Reason for refund		
Failure to obtain Student Visa (<i>for international students only</i>) (please provide documentary evidence)		<input type="checkbox"/>
Change of course (please specify and provide documentary evidence)		<input type="checkbox"/>
Other (please specify and provide documentary evidence)		<input type="checkbox"/>
Provide details for the refund request		
Refund processing details		
Direct Credit (within Australia)		<input type="checkbox"/>
Account Holder Name:		
Name of Bank:		
BSB No. (in Australia):		
Account No:		
BY Cheque (within Australia only)		<input type="checkbox"/>
Account Name:		
Telegraphic Transfer (Overseas)		<input type="checkbox"/>
Name of Bank:		
Bank Address:		
Bank Branch:		
Account Holder Name:		
Account No:		
Swift Code:		
IFSC Code (India only):		
Student Declaration		
<p>I understand that the application will be assessed for eligibility for refund according to CPPS011 Fees and Refund Policy and Procedures. I acknowledge that I have read and understood the CPPS011 Fees and Refund Policy and Procedures.</p>		
Signature:		Date:

Office Use Only

For Office Use Only					
<input type="checkbox"/>	Admissions (for visa refusal) - verified that visa has been refused on PRISMS (include printout of PRIMS/VEVO/COR event change report)	By:		Date	
<input type="checkbox"/>	Student Service – Cancellation / Withdrawal process completed	By:		Date:	
<input type="checkbox"/>	Finance Dept. - Verify the correctness of Bank Account details	By:		Date	
<input type="checkbox"/>	Finance Dept. - Check the amount to be refunded (commission, OSHC, App Fee, Admin Fee, Date of Application)	By:		Date	
<input type="checkbox"/>	Finance Dept. – A letter for refund application completed	By:		Date	
<input type="checkbox"/>	Finance Dept – note made on student file (if available)	By:		Date	
<input type="checkbox"/>	CEO or Nominee– Refund was approved, and the transaction completed	By:		Date	
<input type="checkbox"/>	Finance Dept. – follow the File Closing process	By:		Date	
<input type="checkbox"/>	Informing the student by	<input type="checkbox"/> Email	By:		Date
		<input type="checkbox"/> Face to face meeting	By:		Date

Staff in charge Name:			
Staff in charge Signature:		Date:	