



REFUND REQUEST FORM

Student's Personal Details:

Full Name	<input type="text"/>
Date of Birth	<input type="text"/>
Course Code & Name	<input type="text"/>
Course Start Date	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>

Address:

For most countries the beneficiary address can only be a street address. Other address types, like PO Boxes or Locked Bags, can't be used.

Street Number	<input type="text"/>	Street Name	<input type="text"/>
Unit	<input type="text"/>	Floor/Level	<input type="text"/>
City/Suburb/Town	<input type="text"/>	State/Province/Region	<input type="text"/>
District	<input type="text"/>	Zone/Locality	<input type="text"/>
Postcode	<input type="text"/>		
Department	<input type="text"/>	Sub-Department	<input type="text"/>
Building Name	<input type="text"/>	Post Office Box	<input type="text"/>

Refund Details:

Reason for Refund :

Bank Transfer (Please enter bank account details in which you would like to receive your refund)

Bank Name	<input type="text"/>
Bank Branch	<input type="text"/>
Account Name	<input type="text"/>
BSB	<input type="text"/>
Account Number	<input type="text"/>
Swift Code	<input type="text"/>
Country	<input type="text"/>



Acknowledgement

- I understand that my request for a refund will be processed in accordance with SITS College's Refund Policy.
- I also understand that I shall have 20 working days to access the Complaints and Appeals process, should I not agree with the outcome on decision.

Name Signature _____ Date

Office Use Only:

Request Received by (name of staff member) _____ Signature _____ Date

Refund **Approved** **Not Approved** Email to notify applicant sent on

Comments

(If Approved) Refund Processed on (Date)

