**REFUND APPLICATION**

**STUDENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **D.O.B.**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMAIL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Acknowledgement will be sent to this email address)

**IS THE STUDENT SVP?** Yes / No (Please Circle) **STUDENT NUMBER:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COURSE NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AMOUNT PAID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE PAID TO:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FEES OWING** **$**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **FEES PAID ON FUTURE COURSE/S** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **REASON/S FOR REFUND**🞎 Visa Refused🞎 Enrolment cancelled prior to course commencement🞎 Failed to commence🞎 Course cancelled by Imagine Education Australia🞎 Other | **Has this course had a change of start date (please circle)?** Y or N**If Yes, Original Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**PAYMENT DETAILS**

|  |  |
| --- | --- |
| SWIFT CODE |  |
| BSB / IBAN |  |
| ACCOUNT NUMBER |  |
| ACCOUNT NAME |  |
| BANK NAME |  |
| BANK ADDRESS |  |

**PAYMENT DETAILS – Credit card**

|  |  |
| --- | --- |
| Name on credit card |  |
| Card number (reference) |  |
| VISA/Master/AMEX… |  |
| Payment details |  |

**Declaration**

I hereby apply for a refund of fees paid and acknowledge that this refund application will be processed in accordance with Imagine Education Australia Refund Policy, which I have read and understood.

If you are not happy with the College’s decision, you can lodge a formal internal appeal with the College Principal. This formal appeal should be in writing. You have twenty (20) working days from the date of this letter to submit a written letter (notice of appeal) to the College Principal.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **FOR OFFICE USE ONLY** |
| Received by: |  | Date Received: |  / / |
| Sent to Director of Education: |  | Date Sent: |  / / |
| Approved/Declined by: |  | Date: |  / / |
| REASON if declined: |  |  |  |
| Student Advised: |  | Date Sent: |  / / |
| Agent & Account Manager Advised: |  | Date Sent: |  / / |
| OSHC policy purchased/paid for: |  | Date: |  / / |
| OSHC policy cancelled: |  | Date: |  / / |
| Sent to accounts on approval: |  | Date Sent: |  / / |
| Payment type: |  |  |  |
| Reviewed by Finance Manager |  |  |  / / |
| Total amount paid:AUD$ | Deductions:AUD$ | Amount of refund:AUD$ |
| Actioned by: |  | Date Actioned: |  / / |