



REFUND APPLICATION FORM

THE CENTRE OF EXCELLENCE

Student No. _____

(This form must be completed in uppercase)

Family Name:			
Given Name:		Date of Birth:	
Mailing Address:	Number & Street Name		City
	State	Postcode	Country
Email Address:	Telephone:		
Course Title:	Intake:		

Reason for Refund:	
CoE is unable to provide the program	
Withdrawing or cancelling due to compassionate & compelling circumstances (as deemed by CoE– supporting documentary evidence must be provided along with AF12 Course Cancellation Form)	↑
Other – please specify	

	Refund Student		Refund Agent	(Agent Name)
Payment details for bank cheque/bank draft				
Mr/Mrs/Ms:				
Address:			Telephone:	
			Mobile:	
Country:		Postcode:		Fax:
Email:				
Payment details for electronic payments				
Name of account holder:				
Bank or BSB Number:			Account number:	
Bank Name:				
Bank Address:				
Swift code:			Intermediary Bank details:	

Declaration:

I declare that the information provided by me is true and complete. I have read and understood the CoE Refund Policy attached and acknowledge that my refund request will be processed in accordance with that policy.

Signature		Date	
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OFFICE USE ONLY			
<input type="checkbox"/>	Pre arrival/commencement refund request	<input type="checkbox"/>	Post commencement refund request
	NAME	DATE	
Refund Application received	<input type="text"/>	<input type="text"/>	
Refund proposed	<input type="text"/>	<input type="text"/>	
Refund Approved	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="text"/>	<input type="text"/>
Refund Outcome Letter sent	<input type="text"/>	<input type="text"/>	
Refund Sent	<input type="text"/>	<input type="text"/>	
Total Amount Received	Deductions	Amount to be Refunded	
\$A <input type="text"/>	\$A <input type="text"/>	\$A <input type="text"/>	