



For-013 Refund Application Form

Students must use this form to apply for a refund. Please complete this form and return it to our office either by post or in person. This form must be completed by students in uppercase.	
Student Name:	Date: / /
Student ID:	Course undertaking:
Refund Reason (Please Tick One) <input type="checkbox"/> Visa Refused (Full Refund of paid tuition fees) <input type="checkbox"/> Withdrawal at least 4 weeks prior to the agreed start date (Full Refund of paid tuition fees) <input type="checkbox"/> Withdrawal less than 4 weeks prior to the agreed start date (50% Refund of paid tuition fees) <input type="checkbox"/> Course withdrawn by Canberra Valley Institute (Full Refund) <input type="checkbox"/> The Canberra Valley Institute is unable to provide the course for which the original offer was made (Full Refund)	

Please state why you wish to apply for a refund ... (Do not forget to provide evidence to back your claim)

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Note: Refund of Overseas Student Health Cover (OSHC) students will be required to apply directly to the OSHC Provider for reimbursement of monies paid. In accordance with Australian legislation and Canberra Valley Institute 'Fees Protection' policy and procedure, all refunds will be paid by Canberra Valley Institute directly to the student / applicant bank account only.

Payment details for Bank Cheque/ Bank Draft		
Name: (Mr./Mrs./Ms.)		
Address:		
		Suburb:
State:	Country:	Postcode:
Email:	Mobile:	Telephone:
Payment details for Electronic Transfer		
Bank Name:		



Bank Address:	
Account Name:	Account Number:
Bank or BSB Number:	Swift Code:

Note: Refunds granted may incur an education agent's fee except 'Visa refusal' prior to course commencement.

Declaration

I declare that the information provided by me is true and complete. I have read and understood the refund policy attached to Canberra Valley Institute and acknowledge that my refund will be processed according to that policy.

Student Signature:	Date:
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Refund Outcome (Staff use only)

<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	If approved, please write the amount refunded. AUD:
Reason for Outcome:	