

CANBERRA VALLEY INSTITUTE RTO Code: 41498 CRICOS Code: 03937D Suite 4, Level 3 15 Moore St. Canberra ACT 2601 Phone: 1800 003 363 Email: info@cvi.edu.au

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## For-013 Refund Application Form

·	oly for a refund. Please complete this rm must be completed by students in	
Student Name:		Date: / /
Student ID:	Course undertaking:	
Refund Reason (Please Tick One)		
☐ Visa Refused (Full Refund of p	aid tuition fees)	
☐ Withdrawal at least 4 weeks p	prior to the agreed start date (Full Re	fund of paid tuition fees)
☐ Withdrawal less than 4 weeks	prior to the agreed start date (50%)	Refund of paid tuition fees)
☐ Course withdrawn by Canberr	a Valley Institute (Full Refund)	
☐ The Canberra Valley Institute <i>Refund)</i>	is unable to provide the course for w	hich the original offer was made <b>(Full</b>
Note: Refund of Overseas Student directly to the OSHC Provider for relegislation and Canberra Valley Insti	Health Cover (OSHC) students will be mbursement of monies paid. In account of the free Protection' policy and produced by the student / applicant bases	required to apply rdance with Australian redure, all refunds will
P	ayment details for Bank Cheque/ Ba	nk Draft
Name: (Mr./Mrs./Ms.)		
Address:		
		Suburb:
State:	Country:	Postcode:
Email:	Mobile:	Telephone:

Document Name:	For-013 Refund Application Form	Created Date:	4/10/2021
Document No:	Version No: 2.0 Jan 2025	Last Modified Date:	10/01/2025
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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 declare that the information provided by me is true and complete. I have read and understood he refund policy attached to Canberra Valley Institute and acknowledge that my refund will be processed according to that policy.						
Student Signature:			Date:			
Refund Outcome (Staff use only)						
Reason for Outcome:		AUI	J:			

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