

REQUEST

FORM

 **Student details**

First Name (s)		Family Name	
Student ID		Date of Birth	/ /
Student Address			
Phone Number		Email	

 **Course details**

Course Code and Name	
Course Start Date	/ /

 **Please tick the refund type you are requesting**

Refund type	Please tick (✓)
1 Visa refused prior to course commencement.	<input type="checkbox"/>
2 Withdrawal at least 10 weeks prior to agreed start date.	<input type="checkbox"/>
3 Withdrawal at least 4 weeks prior to agreed start date.	<input type="checkbox"/>
4 Withdrawal less than 4 weeks prior to agreed start date.	<input type="checkbox"/>
5 Course withdrawn by Albright Institute (Before the agreed start date).	<input type="checkbox"/>
6 Albright Institute is unable to provide the course after course start date (for which the original offer was made).	<input type="checkbox"/>
7 The course is not provided fully to the student because the Institute has a sanction imposed by a government regulator.	<input type="checkbox"/>
8 Visa extension is refused.	<input type="checkbox"/>
9 Withdrawal from study - current students (not including English Language Studies' students) with confirmed extenuating circumstances)*	<input type="checkbox"/>

*Students may have extenuating circumstances that prevent them from attending scheduled course dates that may include but are not limited to illness, family or personal matters, or other reasons that are out of the ordinary. Where evidence can be successfully provided to support the student's circumstances, course fees may either be transferred to the next available course where applicable, or a refund of unused course fees will be issued. This decision of assessing the extenuating circumstances rests with the CEO and shall be assessed case by case.

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Method Refund **Bank Transfer** **Cheque / Draft**

Beneficiary Bank SWIFT/BIC Code (Overseas) or BSB (In Australia)	
Beneficiary Bank Name	
Address	
Country	
Account Holder's Name	
Account Number	
Mailing Address for Cheque / Draft	

 **Student declaration**

I, _____ authorise the above named account holder to receive my refund.

Student Name			
Student Signature		Date	/ /

 **For office use only**

Form receipt			
1	Received By		Date / /
	Signature		
Ceo Approval			
2	Approved?	<input type="checkbox"/> YES (Pass the form and statement detailing the calculation of the refund to accounts to process payment).	Amount Approved: AUD\$ _____
		<input type="checkbox"/> NO (Send notification to student explaining the reason for rejection. Attach a copy of the rejection with this form and file it in the student file).	
	CEO Comments		
	Name	Signature	Date / /
Accounts Processing			
3	Name		Signature
	Date of payment	/ /	
NOTE: Please attach a copy of the statement detailing the calculation of the refund and payment receipt with this form and file it in the student file.			