

REFUND APPLICATION FORM

STUDENT DETAILS

Student name:

Middle name(s):

Surname:

Student ID:

Course:

Workplace (if trainee or apprentice):

Date of withdrawal:

I have commenced my course at Collins Institute of Australia No Yes

If no, date of scheduled commencement as listed on Confirmation of Enrolment:

STUDENT'S CIRCUMSTANCES AND REASON FOR REFUND

Please select below:

I was refused a student visa (please attach evidence)

I currently owe fees and want them reconsidered

Course was cancelled by Collins Institute of Australia

Other (including Compassionate and Compelling Circumstances, if appropriate – please attach description and evidence)

I would like my refund paid to: Me Agent

If agent, please provide the following information about your nominated recipient:

Full name:

Unit/Street number:

Suburb: State:

Postcode: Country:

Email:

Mobile:

PLEASE PROVIDE THE BANK ACCOUNT DETAILS FOR DEPOSIT OF YOUR REFUND, IF APPROVED:

Account name:

Name of bank:

Branch:

BSB:

Account number:

REASONS

- Please provide detailed reasons for your application.
- Should you require more space, please attach a separate sheet.

DECLARATION / CONSENT

- I have read the refund policy and understand the terms and conditions.
- I am aware of the academic and financial consequences of the above request and have sought appropriate advice on these matters.
- I understand and agree to be bound by the institution policies and deadlines for the processing of refunds.
- I declare that the information I have given on this application is correct and understand that by knowingly making false or misleading statements that I may be liable for prosecution.
- I also authorise the Collins Institute of Australia to gather and obtain any necessary information pertaining to this application.
- I agree to the conditions of this Refund Application and declare that I am the person to whom this refund is to be paid.

By signing this form, you agree:

- The information provided is true and complete.
- That you have attached all required supporting documents.

STUDENT'S SIGNATURE HERE

Date:

Please submit this completed form to Collins Institute of Australia in one of the following ways:

In person or by postal mail:	Collins Institute of Australia Level 6, 127 Liverpool Street, Sydney NSW 2000 Australia
By e-mail:	info@collins.edu.au

FOR OFFICE USE ONLY

Processed by:

CEO's Signature:

Printed name:

Date: