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Return completed form to:

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Brisbane QLD 4000

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Tel: 07 3210 2200 Fax: 07 3210 2247

CRICOS 02563D

REFUND REQUEST FORM

PERSONAL DETAILS

First Name:

English name:

Family Name:

Phone:

Email:

Course Name:

REFUND REQUEST DETAILS

Please tick appropriate box:

Tuition Fees

OSHC

Homestay

Late Fees

Textbook Levy

Refund Request Amount: \$

If approved, refund will be made via bank transfer.

Account name:

Bank name:

BSB number:

Account number:

Reason for course cancellation /refund

Signature

Date

Office Use Only

Document Received by:

Date Received:

Tuition Fee Refund Approved: \$

Late Fee Refund Approved: \$

OSHC Refund Approved: \$

Textbook Levy: \$

Homestay: \$

Adjust Charge:

Reverse Charge:

Date Processed:

Approved by:

Signature: