



REFUND APPLICATION FORM

Student Details						
Title	Mr	Ms	Miss	Mrs	Dr	Other
Given Name			Surname			
Email address			Phone Number			
Student Number			Domestic	International		
Postal Address						
Suburb:			State:			Postcode:
Course						

Reason for Refund Request *(Include documentary evidence to substantiate your claim where relevant)*

Note: All refunds are subject to the terms and conditions outlined in the Southeast Colleges Fee, Charges, and Refund Policy and Procedure as presented to the students via student handbook at the time of enrolment. Lodging a refund application does not automatically imply that a refund will be granted. Each refund application will be individually assessed for eligibility.



Bank Details to Deposit Refund

Note: Refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits. Also, please note the person/company who paid the fees will receive the refund only.

Bank Name		Account name	
BSB		Account Number	
Country			
Overseas Bank Account	SWIFT code:		
	IFSC code (India only):		
	IBAN Number (EU countries):		

Acknowledgement

I declare that the information I have provided is true and complete and that it is my responsibility to provide the necessary documentation to support my application.

Student Signature		Date	
<i>(If student is younger than eighteen (18) years of age and is in the care and control of a parent or guardian)</i>			
Parent/Guardian Name			
Parent/Guardian Signature		Date	

For Office Use Only

<i>CEO or Delegated Person</i>			
Name			
Application approved	Yes	No	
If no, provide reason			
Signature		Date	
<i>Administration</i>			
Name			
Student Notified	Yes	No	
Signature		Date	