

Refund Application Form

This form is to be completed in accordance with ACFE's Fees and Refund Policy and Procedures which can be found on ACFE website <http://acfe.edu.au/policies-procedures/>.

| | | | |
|---------------|--|-------------|--|
| Student Name: | | Student ID: | |
| Date of Birth | | Country | |
| Mobile | | Email | |
| Address | | | |
| Course Name | | | |

Reason for refund (Please tick):

- Visa Refusal (a copy of letter of visa rejection required)
 Withdrawal and discontinue of current enrolled course
 Withdrawal and discontinue of future scheduled course
 Overpayment of course fees;

If withdrawal/discontinue, please provide explanation and attach this to refund form, including any supporting documents (e.g. medical certificate, flight ticket, visa rejection letter from Department of Home Affairs etc)

Refund of OSHC (Overseas Student Health Cover)

Where ACFE arranges the OSHC on behalf of a student and the student has not arrived and has never resided in Australia, ACFE will claim the OSHC refund from insurance company on behalf of the student and will forward the OSHC refund to the student upon receiving the refund from the health insurer.

Where the student has arrived or resided in Australia, it will be the responsibility of the student to claim the OSHC from the health insurer.

Mode of refund payment

- Australian Bank Transfer:
 Financial Institution: _____
 Account Name: _____
 BSB: _____ Account No. _____
- International Bank Transfer
 Bank Name: _____
 Bank Address: _____
 Account Name: _____
 Address: _____
 Account No. _____
 Swift Code: _____

| | | | |
|--------------------|---|-------|--|
| Declaration: | I declare that the information provided by me is true and complete and that it is my responsibility to provide all necessary documentation to support my request for refund. I agree and have read and understand ACFE's Fess and Refund policy for international students. | | |
| Printed Name: | | | |
| Student Signature: | | Date: | |

NOTE:

If the refund is paid to another person's account apart from the student, ACFE requires a letter with the student's signature to authorise ACFE to have the refund paid to another person's account.



ACFE internal use only

| | |
|---------------------------------------|--|
| Refund Approved: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Reason/s not approved (if applicable) | |
| Approved by | Printed Name: |
| | Signature: |
| | Date |