

REFUND FORM

Note: This form must be used to apply for a refund of your tuition fees. It can be lodged in person at the Campbell Institute's reception or via email to accounts@campbellinstitute.edu.au. All refunds will be processed as per the information included in the International Student Handbook about fees and refunds.

Student Name:	Student ID:
Gender: Male ☐ Female ☐ Other ☐	Date of Birth:
Contact Email:	Contact Number:
Residential Address:	
Course Name:	Course Start Date:
Agent Name:	

Reason For Refund: Please select below & attach the required documentation.

- ☐ Student Visa Refused (attach documentary evidence from Department of Home Affairs)
- ☐ Changing Education Provider (copy of new Letter of Offer must be attached)
- ☐ Course was cancelled by Campbell Institute
- ☐ Withdrawing from course due to compassionate or compelling circumstances
- ☐ Other: _____

Bank Details

Payment into a bank account Bank Name:	
Account Name:	BSB Number:
Account Number:	
International Bank Account (please provide the following additional details)	
Branch Name:	
Bank Address:	Country:
SWIFT Code/ BIC Code:	IFSC Code/ IBAN Code:
Checklist:	☐ I have attached copies of relevant supporting documentation that can be verified.
	☐ All fields of this refund request form are completed in full.

Student Declaration/ Consent

- ☐ I have read all the terms and conditions and agree to abide by those rules and any subsequent amendments.
- ☐ I understand that the incomplete form will cause a delay in the refund process.
- ☐ I am aware of the academic and financial consequences of the above request and have sought appropriate advice on these matters.
- ☐ I declare that the information I have given on this application is correct and understand that knowingly making false or misleading statements may cause cancellation of my enrolment and/or further consequences.
- ☐ I also authorise the Campbell Institute to gather and obtain any necessary information about this application.
- ☐ I authorise Campbell Institute to transfer the refund amount to either my nominated bank account or the person who initially made the payment of course fees.

Student Signature:

Date:

OFFICE USE ONLY

Form Received By:		Form Received Date:	
Refund Authorisation			
Date Processed:		Outcome: ☐ Approved ☐ Rejected	
Refund Amount:			
CEO/Delegate's Signature:	<input type="text"/>		Date: _____
Account Checklist			
CoE Cancelled:		XERO Updated:	
RTOM Updated:		Acknowledgement to Student:	
Processed By:		Position:	
Officer's Signature:	<input type="text"/>		Date: _____