



REFUND REQUEST FORM

Student No:		Contact Number:	
Surname Name:		Given Name:	
Reason/s of Refund Request			
Starting Date:		Course Name	
Finishing Date:			

	Tuition fees & other fees PAID by a student or on behalf of a student:	Tuition fees & other fees to be REFUNDED in accordance FC Refund & Cancellation Policy:
Enrolment Fee		Non Refundable
Tuition Fee		
SUBTOTAL OF FEES PAID		
SUBTOTAL OF REFUND		
*Agent Commission to be added (if Applicable)		

TOTAL OF REFUND TO THE STUDENT

Deposit Account:

Please note refunds will only be paid via electronic transfer. Please nominate an authorised account for deposits:

Account Name:	
BSB:	Ac No:
I authorise refunded amounts to be deposited into the above nominated account.	
Sign:	Date:

PLEASE NOTE: REIMBURSEMENT IN THE CASE OF PROVIDER DEFAULT IS WITHIN 2 WEEKS OF THE DEFAULT DATE OCCURRING TO THE STUDENT (SECTIONS 27 – 32 ESOS ACT 2000). IN THE CASE OF STUDENT DEFAULT, THE REFUND IS MADE WITHIN 4 WEEKS AFTER RECEIVING A WRITTEN CLAIM BY THE STUDENT.

OFFICE USE ONLY			
Prepared by:		Approved by: (Authorised Signature)	
Refund Request Received on:		Refund Date:	
		File Date:	