

Australian Guild of Education Pty Ltd

Provider Number PRV12114
CRICOS Provider Code 04168K



REQUEST FOR REFUND FORM

International Student		
Title :	Given Name :	Family Name :
Student Number :	Date Of Birth :	
Student Visa <input type="checkbox"/>	Or Student Visa <input type="checkbox"/>	Phone Number :
Email :		
Course :		
Expected Course Completion Date :	Campus :	
Bank Account		
Financial Institution :		
Bank Code :		
Branch Name :		
Address :		
Account Name :		
Branch Number :		
Account Number :		
Reason For Request (Student Officer to complete)		
Cancelled Enrolment <input type="checkbox"/>	Withdrawn <input type="checkbox"/>	Transferred <input type="checkbox"/>
Other Reason (Please State Below) <input type="checkbox"/>		
Signature Of Student Officer :		
Date :		

Refund Details (AGE Officer to complete)	
Cancelled Enrolment <input type="checkbox"/>	Withdrawn <input type="checkbox"/> Transferred <input type="checkbox"/>
Total Paid By Student	AUD \$
Reduced (Yes/No) Amount	AUD \$
Total Refund Amount	AUD \$
I have checked and this offer complies with the Enrolment Terms and Conditions in the Offer of Placement for Enrolment letter.	
Signature of Student Officer :	
Date :	

Acceptance Of Offer (Student to complete)
All requests for refunds must be made in writing by completing the Request for Refund form.
Approved refunds may either be transferred to another Institution or sent to your home country.
Applications for refunds are generally processed within 28 days.
I have read and understood the Australian Guild of Education Refund Policy and I agree to the terms and conditions.
Please sign and return to Australian Guild of Education Pty Ltd.
Student Name :
Signature of Student :
Date :