

Refund Request Form

This form is for any student or applicant wishing to request a refund. Before completing the form, please refer to the Fees and Refunds Policy and related Procedure. You may also contact Student Services for advice.

1. STUDENT DETAILS

Family name		First name	
Contact number		Course name	
FOR AIHE STUDENTS			
Student ID		AIHE email	
IF YOU ARE NOT CURRENTLY AN ENROLLED AIHE STUDENT			
Date of birth		Email address	

2. APPLICANT DETAILS (complete this section only if the person who originally paid the fees is not the student)

Family name		First name	
Contact number		Email address	
Relationship to the student:			

3. REFUND REASON (please provide supporting documents for this request)

<input type="checkbox"/> Cancellation of enrolment/withdrawal If you cancelled your enrolment did you withdraw before the census date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Difference in tuition fee <input type="checkbox"/> Transfer to another registered provider <input type="checkbox"/> Course cancelled by AIHE or course no longer available <input type="checkbox"/> Granted leave of absence	<input type="checkbox"/> Overpayment/Reduced enrolment load <input type="checkbox"/> Withdrawn from course due to exceptional circumstances <input type="checkbox"/> International student granted Permanent Residency <input type="checkbox"/> Visa refusal <input type="checkbox"/> Other – specify reason in writing, attach personal statement if not enough space
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4. PAYMENT DETAILS ☐ To the person who originally paid the fees

Provide the following details for a bank transfer within Australia

Bank Name:	
BSB:	
Account Number:	
Account Holder's Name:	

Provide the following details for an international bank transfer

Bank Name:	
Bank Address:	
SWIFT Code:	
Account Number:	
Account Holder's Name:	
Account Holder's Residential Address:	

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If an intermediary bank is involved in the processing of this refund, please provide details of the intermediary bank in the space below:

Please sign and date this Form to certify that the information you have provided is true and correct.

Signature _____ **Date** _____

OFFICE USE ONLY - Finance		
Date form received		Comment:
Refund approved (Y/N)		
Total refund to be paid		