

Student Refund Application



NOTE: All refunds are subject to the terms and conditions outlined in the *TAFE Queensland Domestic or International Student Refund Policy*. Lodging a refund request does not automatically imply that a refund will be granted. Each refund request will be individually assessed for eligibility. An administration fee may be applicable.

| STUDENT DETAILS | | | | | |
|---|--|--|---|---|---|
| Student number: | Family Name: | Given Name/s: | Student: <input type="checkbox"/> Domestic <input type="checkbox"/> International | | |
| Email address: | | Phone: | Mobile: | | |
| Postal address: | | | State /Country: | Post Code: | |
| REASON FOR REFUND REQUEST <small>(** Documentary evidence must be attached).</small> | | | | | |
| <input type="checkbox"/> Domestic Student Withdrawal | <input type="checkbox"/> Medical** | <input type="checkbox"/> Cancelled training agreement | <input type="checkbox"/> Employer Fee | <input type="checkbox"/> Credit transfer approved | <input type="checkbox"/> Visa Rejection** |
| <input type="checkbox"/> Withdrawal Elicos <small>(less than 14 days)</small> | <input type="checkbox"/> Withdrawal Elicos <small>(more than 14 days)</small> | <input type="checkbox"/> International Withdrawal <small>(more than 14 days)</small> | <input type="checkbox"/> Other**: | | |
| THIRD PARTY DETAILS <small>(This section must be completed if the refund is to be paid to a Third Party. Third Party refunds MUST be signed by the student where no official Third Party Contract exists)</small> | | | | | |
| <input type="checkbox"/> Organisation <input type="checkbox"/> Individual | ABN / Date of Birth: | | Name: | | |
| Email address: | | Phone: | Mobile: | | |
| Postal address: | | | State /Country: | Post Code: | |
| DOMESTIC STUDENTS ONLY <small>(If approved, provide details on how the refund is to be issued).</small> | | | | | |
| Refund payable to: | | | State: | Post Code: | |
| <input type="checkbox"/> Direct bank account deposit: | Account Holder/s: | | BSB: | Account number: | |
| <input type="checkbox"/> Credit card: | Card type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex | Name on Credit Card: | Card number: | CCV: | Expiry date: / / |
| <input type="checkbox"/> Post cheque | | | | | |
| INTERNATIONAL STUDENTS ONLY <small>(If approved, all refunds to be deposited into nominated bank account).</small> | | | | | |
| Refund payable to: | | Beneficiary Account Name: | | BSB: | Account number: |
| Country: | | Bank Name: | | | |
| Bank Address: | | | | | |
| Overseas bank account | SWIFT code: | IFSC code (India only): | IBAN Number (For EU Countries): | | |
| INTERMEDIARY BANK <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Intermediary Bank Name: | | | Intermediary Bank SWIFT Code (Routing Number/BIC Number): | | |
| Intermediary Account Number: | | | Country: | | |
| ACKNOWLEDGEMENT | | | | | |
| <input type="checkbox"/> I certify that the information on this form is correct and complete <input type="checkbox"/> Student <input type="checkbox"/> TAFE Queensland Staff <small>(Domestic only)</small> | | | | | |
| Student Signature: | | Date: / / | | Parent/Guardian Name and Signature <small>(If student is younger than eighteen (18) years of age and is in the care and control of a parent or guardian)</small> | |
| | | | Name <small>(Please print):</small> | | Contact phone no: |
| | | | Signature: | | Date: / / |

Confidentiality and Disclosure of Personal Information: TAFE Queensland complies with the Right to Information Act 2009, Information Privacy Act 2009 and the QLD Public Records Act 2002. We will not make public, disclose or use for purposes other than those required to provide the services requested, the personal information of the customer except to the extent necessary to comply with any government policy relating to the public disclosure of confidential information (which policy is in place at the time of reading this document), the customer provides written consent or we are required to by law or Court order.

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OFFICE USE ONLY

| | | | |
|--|--|---|--|
| Refund recommended: <input type="checkbox"/> Yes <input type="checkbox"/> No | | REFUND AUTHORISED BY FINANCIAL DELEGATE: Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If no, reason: | | If no, reason: | |
| Name of submitting Officer: _____ Date: / / | | Pro-rata refund amount approved: \$ | |
| Position: _____ Signature: _____ | | Name: _____ | |
| Change of enrolment processed N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | | Position Title: _____ | |
| Is the Admin fee to be applied <input type="checkbox"/> Yes <input type="checkbox"/> No | | Signature: _____ | |
| Overpayment of fees <input type="checkbox"/> Yes <input type="checkbox"/> No | | NON-APPROVAL SENT TO STUDENT: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: / / | |
| Student Services Fee N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | | ACTIONS COMPLETED BY INTERNATIONAL: Name: _____ Date: / / | |
| Account Balance/Pro-Rata Refund Approved: \$ | | REFUND PROCESSED BY (Finance Officer): Name: _____ Refund No: _____ Signature: _____ Date: / / | |
| Less Administration Fee (if applicable): \$ | | <input type="checkbox"/> Added to International Refund database | |
| Total refund to be paid: \$ | | | |