

REFUND REQUEST FORM

Student Name:	Student ID Number:
Address:	
Email:	Telephone/ mobile:
Course:	
Request Details: <input type="checkbox"/> Tuition Fee Refund <input type="checkbox"/> OSHC <input type="checkbox"/> Materials Fee <input type="checkbox"/> Others (Please Specify) _____	
Account Name: _____	
Account Holder's Full Address _____	
Bank Name _____	Address: _____
BSB No: _____	Account No: _____ Swift Code : _____
Intermediary Bank: (Please refer to your bank for Intermediary Bank for international transaction with Australia)	
Reason for Refunds: Evidence assessed to support decision: <input type="checkbox"/> Withdrawal <input type="checkbox"/> Visa Refusal <input type="checkbox"/> Others (Please Specify) _____	
Details: I declare that the information provided by me is correct and complete and I am aware that my refund application will be assessed according to the refund policy in the terms and conditions of enrolment. I authorize Rockford College to transfer my refund to the account indicated above.	
_____ <i>Student's Signature</i>	____/____/____ <i>Date</i>
Notes: <ol style="list-style-type: none"> 1. For cancellation or withdrawal, a request for course withdrawal, cancellation form must be completed and attached as required. 2. Approved refunds will be paid either by direct deposit or by telegraphic transfer to the nominated account within 14 days of receiving refund application. 3. All refunds incur a \$250 administration fee except where it is specifically stated. 4. Bank charges will be deducted from the total refundable amount. 	

For Office Use Only

Date received -	Course start date -	OSHC -	Payment made (date) -
Tuition Fee paid	\$	Material fee paid	\$
Fees paid in advance to date	\$	Admin fee	\$
Agent commission adjustment (If applicable)	\$	Refund applied @ %	\$
Calculated by Accounts Officer:			Refund Date:
APPROVED /NOT APPROVED			
Name:		Signature:	
Verified by CEO/PEO:			
APPROVED /NOT APPROVED			
Name:		Signature:	