

REFUND REQUEST FORM

Tuition Fee Refund	Student Name:	Student ID Number:
Course: Request Details: Tuition Fee Refund	Address:	
Request Details: Tuition Fee Refund	Email:	Telephone/ mobile:
Tuition Fee Refund	Course:	
BSB No: Account No: Swift Code: Intermediary Bank: (Please refer to your bank for International transaction with Australia) Reason for Refunds: Evidence assessed to support decision: Withdrawal Visa Refusal 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.	Request Details: ☐ Tuition Fee Refund ☐ OSHC ☐ Materials Fee ☐	Others (Please Specify)
Bank Name Address: BSB No:	Account Name:	
BSB No: Account No: Swift Code: Intermediary Bank: (Please refer to your bank for International transaction with Australia) Reason for Refunds: Evidence assessed to support decision: Withdrawal Visa Refusal 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.	Account Holder's Full Address	
Intermediary Bank: (Please refer to your bank for Intermediary Bank for international transaction with Australia) Reason for Refunds: Evidence assessed to support decision:	Bank Name A	ddress:
(Please refer to your bank for Intermediary Bank for international transaction with Australia) Reason for Refunds: Evidence assessed to support decision:	BSB No:	ccount No: Swift Code :
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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.	Details:	
	according to the refund policy in the terms and conditions of	
Student's Signature Date	 Student's Signature	/
Notes:		
 For cancellation or withdrawal, a request for course withdrawal, cancellation form must be completed and attached as required. Approved refunds will be paid either by direct deposit or by telegraphic transfer to the nominated account within 14 days 	required.	
of receiving refund application.All refunds incur a \$250 administration fee except where it is specifically stated.	of receiving refund application.	

Bank charges will be deducted from the total refundable amount.



For Office Use Only

Date received -	Course start da	ite -	OSHC -		Payment made (date) -	
Tuition Fee paid	\$	Material fee	Material fee paid		Total fees paid by student	\$
Fees paid in advance to date	\$	Admin fee	Admin fee		Enrolment fee (non-refundable)	\$
Agent commission adjustment	\$	Tuition fee Ro	efund applied	\$	Refund amount	\$
(Applicable / Not applicable)					Bank Charge	\$
					Total Refund Amount	\$
Calculated by Accounts Officer:					Refund Date:	
APPROVED /NOT APPROVED						
Name:	Sig	nature:				
Verified by CEO/PEO:						
APPROVED /NOT APPROVED						
Name:	Sig	nature:				