

# REFUND REQUEST FORM



Requests for fee refunds must be made using this official Refund Request form. Please complete, sign and date this form and submit to [studentadmin@crowncollege.edu.au](mailto:studentadmin@crowncollege.edu.au). Refer to the relevant Refund Policy available on the Crown College website.

Refunds are only for course/unit withdrawals, credit transfers, deferments and cancellations in the current academic year.

## SECTION 1 – PERSONAL DETAILS

Family Name:		Given Name(s):	
Address:			
City/Town/Suburb:	Country:	Postcode:	
Telephone:			
Course Code:		Course Start Date:	
Course Title:			
Are you an International Student? <input type="checkbox"/> YES <input type="checkbox"/> NO			

## SECTION 2 – REASON FOR REFUND

<input type="checkbox"/> VISA Refusal	<input type="checkbox"/> Credit Transfer / RPL	<input type="checkbox"/> Deferral from course
<input type="checkbox"/> VISA Renewal	<input type="checkbox"/> Withdrawal from course	<input type="checkbox"/> Other (please specify)

## SECTION 3 – PREFERRED METHOD OF REFUND

Invoice Number:	Amount (AUD): \$	Please attach any supporting documentation
<input type="checkbox"/> Cheque	<input type="checkbox"/> Electronic Funds Transfer (please complete Section 4)	
Email Notice of Refund to:		

## SECTION 4 – BANK DETAILS

### Australian Bank

Account Name:	Name of Bank:
BSB Number:	Account Number:

### Overseas Bank

Name of Account Holder:	Name of Bank:
Address of Bank:	
Account Number:	Swift Code:
Please note: bank details are mandatory if you are requesting EFT Refund. Accuracy and legibility of the details is the responsibility of the student.	

## SECTION 5 – AUTHORITY BY STUDENT – YOU MUST PRINT AND SIGN THIS PAGE AND SCAN BACK TO CROWN COLLEGE

I authorise Crown College to credit the above account details for the related refund. I accept full responsibility for any error that may occur due to inaccurate or ineligible information provided on this form. I understand the refund will be processed as per the relevant Refund Policy.	
Signature:	Date:

## OFFICE USE ONLY

Authorising Manager:		Signature:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Refund Amount: \$	
Request Number:	Processed by:	Processed Date:	