



REQUEST FOR REFUND FORM

Student Name: _____	Student ID Number: _____
Address: _____	
Email: _____	Telephone/ mobile: _____
Course: _____	
Request Details: <input type="checkbox"/> Tuition Fee <input type="checkbox"/> OSHC <input type="checkbox"/> Materials Fee <input type="checkbox"/> Others (Please Specify) _____	
<i>Account Name:</i> _____	
<i>Account Holder's Full Address</i> _____	
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"/> Medical <input type="checkbox"/> Letters <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 WSC to transfer my refund to the account indicated above. _____	
<i>Student's Signature</i> _____ / _____ / _____ <i>Date</i>	
Notes: 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 the 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			Letter sent	Payment made (date) (cheque/EFT)	
Fees paid to date	\$	Enrolment fee (non-refundable)	\$	Course /monthly fees	\$
Fees paid in advance to date	\$	Less admin fee	\$	Final refund amount	\$
Verified by Accounts Officer/PEO APPROVED /NOT APPROVED Name: _____ Signature: _____				Date:	