



REFUND APPLICATION FORM

No refunds will be paid to a third party unless it is indicated at the time the refund application is lodged, that any refunds due are payable to a third party. According to our refund policy the Application/Enrolment fee is NOT refundable. Where a refund is approved, Abbey College will make payment of refunds within 28 days of receipt of the *Refund Application Form*.

STUDENT DETAILS:

| | | | |
|--------------------|--|----------------|-----|
| Student Name: | | Family Name: | |
| Student ID: | | Date of Birth: | / / |
| Course Name: | | Course Code: | |
| Address: | | | |
| Email: | | Mobile: | |
| Reason for Refund: | | | |

REFUND PAYMENT DETAILS: Refund will be processed in Australian Dollars.

| | | |
|--|--|----|
| <input type="radio"/> I Agree for Abbey College to refund to a third party other than my student personal account. | Requested Amount: | \$ |
| Refund Options: | | |
| <input type="radio"/> Cheque / Draft: | Mailing Address (If different from above): _____ | |
| <input type="radio"/> Direct Deposit into Bank Account: | BSB No: _____ Account No: _____ | |
| | Account Name: _____ Bank Name: _____ | |
| | Branch Address: _____ SWIFT Code (Overseas): _____ | |

(Abbey College will NOT be held responsible if any of the following details are incorrect.)

STUDENT DECLARATION:

I have read the refund policy and understand the terms and conditions. I am aware of the academic and financial consequences of the above request and have sought appropriate advice on these matters. I understand and agree to be bound by the institution policies and deadlines for the processing of refunds. I declare that the information I have given on this application is correct and understand that by knowingly making false or misleading statements that I may be liable for prosecution. I also authorise the Abbey College to gather and obtain any necessary information pertaining to this application.

I agree to the conditions of this Refund Application and declare that I am the person to whom this refund is to be paid.

Student Signature: _____

Date: ____/____/____



REFUND CALCULATION FOR:

Mr. / Ms. _____ Student ID: _____

Please be advised that your request for refund of tuition fees has been approved according to the following code.

| Reason Code | Reasons |
|----------------------------|--|
| <input type="radio"/> VR | Visa refused |
| <input type="radio"/> WDA | Withdrawal notified in writing and received by Abbey College 28 days or more prior to the course commencement |
| <input type="radio"/> WDB | Withdrawal notified in writing and received by Abbey College less than 28 days prior to the course commencement and before the commencement date |
| <input type="radio"/> RSCA | Course cancelled or rescheduled by Abbey College |
| <input type="radio"/> WBC | Withdrawal notified in writing and received by Abbey College after the commencement date |

REFUND CALCULATION TABLE

| | | | |
|-------------------|-----------|------------------|-----------|
| Tuition Fee paid: | (Label A) | Others Fee paid: | (Label B) |
|-------------------|-----------|------------------|-----------|

| | | | |
|-------------------------------------|------|-------------------------------|-----|
| Course Commencement date: | / / | Withdrawal notification date: | / / |
| Days of notice provided in writing: | days | | |

| | |
|---|--------------------|
| Reason Code VR or RSCA: Refund 100% of the amount identified at Label A and other Refundable fees. <i>(Evidence that the student visa was refused or the course was rescheduled or cancelled by Abbey College is required)</i> | Refund remitted \$ |
| Reason Code WDA: Refund 70% of the amount identified at Label A and other Refundable fees | Refund remitted \$ |
| Reason Code WDB: Refund 50% of the amount identified at Label A and other Refundable fees | Refund remitted \$ |
| Reason Code WDC: No refund | No refund |

| FINANCE DEPARTMENT ONLY | | | |
|-------------------------|-----------------------|----------------|-----|
| Prepared by: | | Refund Amount: | \$ |
| Authorised by: | Payment Processed by: | Date: | / / |