

Please lodge this form in order to apply for a refund. Complete all sections of this form, and return it to Student Support either by post, in person, or via email.

## Personal Information

Student Name:

Student ID:

Course(s) enrolled in:

Email:

Phone Number:

## Refund: *Please tick one*

- Withdrawal prior to course or term commencement
- Withdrawals after the course or term commences
- Course cancelled or rescheduled by Sapience College (SC)
- Course discontinued and not delivered in full by SC
- Other:

## Reason of Refund: *Please tick one*

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Visa Refusal | <input type="checkbox"/> Visa Renewal Refusal | <input type="checkbox"/> Visa Breach of Condition |
| <input type="checkbox"/> Cancellation | <input type="checkbox"/> Credit Transfer      | <input type="checkbox"/> Withdrawal               |
| <input type="checkbox"/> Transfer     | <input type="checkbox"/> Deferment            | <input type="checkbox"/> Other, specify:          |

Don't forget to provide evidence to back your claim like invoice number etc.

## Student Signatures

I understand that my request for a refund will be processed in accordance with the SC's *Fees, Charges and Refunds* Policy.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Payment (Choose one option only)

**Bank Transfer**

Please enter your bank account details in which you would like to receive your refund.

Bank Name:

Account Name:

Bank Branch:

BSB Number:

Account Number:

SWIFT code:

**Cheque**

Please enter details if you would like to receive your refund posted to you as a cheque

IFSC (if Applicable):

Payable to (name):

Street Address:

Town/Suburb:

State:

Postcode:

## Office Use Only

Approved

Rejected

Refund outcome/comments:

Evidence for refund request attached. *Please record this form in Student File.*

Staff Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_