



Application for Refund Form

Application for Refund Form



Australian Technical College
WESTERN AUSTRALIA
RTO Code: 41279 CRICOS Code: 03437B

~ Please use **BLOCK LETTERS** when completing this form ~

I, the student whose details appear below, would like to apply for a Tuition Fee

Refund of:

\$ _____

A. Personal Details

Student ID:	_____	Telephone:	_____
Family Name:	_____	Given Name:	_____
Course:	_____	Email:	_____
Correspondence Address:	_____ _____ _____		

B. Reason for the Request

(E.g. Excess payment of tuition fees, withdrawal from course, etc.)

C. Conditions for Refund

1. Applications will only be approved if they comply with the relevant provisions of ATCWA's *Refund Policy*.
2. Any outstanding amounts due to ATCWA and any applicable costs or charges that may be levied by ATCWA's or the applicant's bank for receipt of monies refunded, will be deducted from the refund.
3. The student agrees to repay ATCWA (on demand) any payments credited to the student in error. ATCWA reserves the right to offset the amount of any over-payment made in error against any liability (including any future debt) owing to ATCWA by the student.

D. Method of Payment

Refund through Credit Card

Name of Card Holder: _____

Credit Card number:

□□□□ - □□□□ - □□□□ - □□□□

Card Expiry Date
[MM/YYYY]:

/

Visa MasterCard

~ OR ~

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D. Method of Payment (Cont.)

- Refund through Electronic Funds Transfer (EFT) to Bank Account (Tick ONE option only)**
- I request that the refund be paid into my personal bank account and the details for this account are listed below; OR
- I request that the refund be paid into my parent/legal guardian's bank account and the details for this bank account are listed below; OR
- I request that the refund be processed into another person's bank account whose details are listed below.*

Name of Account Holder: _____

Name of Bank: _____

Address/Branch of Bank _____

BSB: _____

Account No.: _____

BIC/Swift Code (if relevant):

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**If requesting that the refund be processed into another person's bank account, please also complete the details below:*

Full Name: _____

Relationship [to you]: _____

Phone Number: (including area code/s)

Country Code: ()

Area Code: ()

Number: _____

Email: _____

E. Student's Declaration

I, the student applying for and submitting this application, declare that I have read, understood and accept the conditions of this refund application.

Signature: _____

Date: ____ / ____ / ____

Print Name: _____

F. Office Use Only

REFUND AMOUNT:

\$

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This refund has been approved in accordance with ATCWA's *Refund Policy*. The refund has been calculated as follows:

The refund was paid:

- Into the student's bank account detailed on this Application for Refund Form; OR
- Into the student's parent/legal guardian's bank account detailed on this Application for Refund Form; OR
- Into the other nominated person's bank account detailed on this Application for Refund Form.
- The Student was provided with a written statement explaining how their refund was calculated.

**Approving
Officer's Signature:** _____

Date: / /

Print Name: _____