



International Institute of Business & Information Technology

Application for Refund Form

Student ID Number

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This form is to be used by Students who wish to apply for a refund on tuition fee payments made by or on behalf of students that have yet commence and students currently enrolled at IIBIT who wish to withdraw or transfer.

Prior to submitting this form, Students should check with Student Services (02 9269 0077) about their eligibility. Students may also wish to refer to the IIBIT Refunds of Overseas Students Policy and Procedure. All IIBIT policies can be found online at:

http://www.vet.iibit.edu.au/images/docs/Policies/standard_3.pdf

Personal Details: Title Given Name

Other Name Family Name

Course Name:

Contact Details: *(In Australia) (Must not be a PO Box. All communication from IIBIT will be mailed to this address)*

 Suburb

State Post Code Country

Email

Mobile Other

REASON FOR REFUND

Please tick one (supporting documentation must be provided)

- Visa not granted (confirmation from DIBP required)
- Withdrawal From All Studies
- Transfer to Another Institution (copy of new Offer Letter required)
- Other (please state)

REFUND PAYMENT DETAILS

Please tick one

Cheque *cheque will be made payable to student's registered name as recorded on passport*

EFT *Australian Bank Account Only*
Bank Name:
Account Name:
BSB (6 digits): Account Number:

Telegraphic Transfer Overseas *Bank Account Only*
Bank Name:
Bank Address:
Swift Code:
Account Name:
Account Number:
Currency:

POLICY

Please refer to the Refund for Overseas Students Policy and Procedure for further information about your application for a refund.

Declaration: I wish to apply for a refund as outlined in this form. I declare that the information I have provided on this application is true and correct.
I hereby apply for a refund of fees paid and acknowledge that this refund will be processed in accordance with the IIBIT Refunds for Overseas Students Policy and Procedure.

Signature Date / /

Please submit this form to Student Services for Processing

Office Use Only:

Date Received: Date / /

Original form YES No

Reason for Refund:

Approved YES No

Checked & Authorised:

Name:

Position:

Refund Calculation Statement Prepared YES