

## Refund Application Form

Section A- Student Details			
Student Name		D.O. B	
Student Id		Email	
Contact Number:		Date:	
Course enrolled in:			
Postal Address:			
Section B - Refund Details			
Please tick the applicable box for the subject of your refund:			
<input type="checkbox"/> Tuition Fees <input type="checkbox"/> Other (Please specify):			
Please tick to indicate the prominent reason that you are applying for your specified refund and elaborate on your circumstance in the space provided below.			
<input type="checkbox"/> Visa refused Prior to course commencement <input type="checkbox"/> The institute is unable to provide the course for which the offer was made <input type="checkbox"/> Withdrawal from the course after fees have been paid before commencement <input type="checkbox"/> Withdrawal notified and received by institute on commencement date or after the semester commences <input type="checkbox"/> Student breach of visa conditions, and suspension or cancellation of enrolment by the institute <input type="checkbox"/> Visa Extension refused <input type="checkbox"/> Other (Please Specify):			
Please Elaborate			
<p>* Please note that refunds granted in the above circumstances may incur an education agent's fee where applicable. Refund application will be assessed according to Fees and Refunds Policy and Procedures as published on Institute of Business and Management (Victoria)'s website <a href="http://www.ibm.voc.edu.au">www.ibm.voc.edu.au</a></p>			
Refund payments (if approved) will be processed using the same method of payment that fees were originally paid with.			
Refund Payable to:			
Address of Payee:			
Contact Number of Payee:			
Payment Methods:			
<input type="checkbox"/> Cheque (to be sent to the above address) <input type="checkbox"/> Cheque (Collect from College Reception) <input type="checkbox"/> Bank Transfer <input type="checkbox"/> Credit Card (Card number payment was originally made with)			

In case of bank transfer, please fill out bank details below:			
Account Holders Name:			
Bank Name:			
Bank Address:			
BSB:			
Account Number:			
Swift Code:			
<b>Section C - Declaration</b>			
Student name & Signature		Date:	
Please return this completed form to the college. If sending by email, please send to info@ibm.vic.edu.au			
<b>Office Use Only</b>			
Refund Request:	<input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Amount Paid AUD			
Institute's Staff Signature:		Date:	
Comments:			
CEO Signature:		Date:	