

COURSE FEE REFUND APPLICATION FORM V2.0 APR 2016

Student Details		
Student Name:	Student Number:	
Current Course Name:	COE Number:	
Course Commencement Date:	Course End Date:	
Actual Course End Date:		
Packaged Course Name:	COE Number:	
Packaged Course Name:	COE Number:	
Reason for request for refund (please tick appropriate box and attach all supporting documents)		
\Box Student Visa refusal (MUST attach refusal letter from Department of Immigration)		
\Box Withdrawal from the course by the student (attach student withdrawal letter)		
□ Change of personal circumstance (must provide documented evidence)		
\Box Transfer to another Institution (must provide new letter of offer from new Institution)		
Other (please specify):		
Bank Account details for Refund (please type or write clearly)		
Account Name:	(student or sponsors name)	
Name of Bank: Branch:		
Full Bank Address:		
BSB: Ac	Account Number:	
IBAN:	(for international students)	
Swift Code:	(if applicable)	
Refund Processed to: Agent Student		
Signature of student (or his/her agent)	(confirmed by agent email)	
Date of Refund Application:		
Please email the complete application form to Accounts@apsi.wa.edu.au Please note all refunds will take up to 20 working days to process from the date of receipt of this application form. A refund notification (remittance advice) will be sent to you and your agent once the refund is processed.		
Office Use only		
Date of receipt: / / Refund Approved by:	Payment made on:	