



# REFUND REQUEST FORM INTERNATIONAL STUDENT PROGRAM

**Instructions:**

1. This form is for any international student studying at Our Lady of the Sacred Heart College (OLSH) who wants to apply for a refund of course fees
2. Please attach any supporting documents (e.g. Visa refusal notice, medical certificate, offer letter from another provider).
3. Any refund request will be made in accordance with the terms of your signed Acceptance Agreement and OLSH’s refund policy. Please review these documents and consider the terms before you submit your application.
4. This form should be completed in full and returned with supporting documentation to the International Program Officer. Incomplete forms will not be accepted.

## STUDENT DETAILS

**Surname:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Mobile Phone No:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Refund Request Type	Tick	Refund Request Type	Tick
VISA Refusal	<input type="checkbox"/>	Withdrawal from Course	<input type="checkbox"/>
VISA Renewal Refusal	<input type="checkbox"/>	Transfer to another Provider	<input type="checkbox"/>
VISA Breach of Condition	<input type="checkbox"/>	Cancellation by OLSH	<input type="checkbox"/>

**Section 1**

I request a refund for the following:

**Invoice Number:** \_\_\_\_\_

**Amount:** \_\_\_\_\_

**Reason:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(please state the reason/s and submit all relevant documents to support your request)

**Section 2****Bank Account for Refund Payment (if approved)**

<b>Account Name:</b>		<b>Bank Name:</b>	
<b>Account Number:</b>		<b>SWIFT Code:</b>	
<b>BSB Number:</b>		<b>Country of Bank:</b>	

**Bank Address:****Section 3****Acknowledgement**

I understand that my request for a refund will be processed in accordance with Our Lady of the Sacred Heart College Refund Policy and my signed Acceptance Agreement. I also understand that I shall have 20 days to access the Complaints and Appeals process, should I not agree with the outcome or decision.

**Print Name:****Signature:****Date:****ADMINISTRATION USE ONLY****Authorisation for Processing**

<b>Action to be taken:</b>	<input type="checkbox"/> <b>APPROVED</b>	<input type="checkbox"/> <b>DENIED</b>	<input type="checkbox"/> <b>ADJUSTED AMOUNT</b>
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**Comments:**


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**Signature:****Position:****Print Name:****Date:****Amount to be refunded:****Recording of Refund in Accounts System**

<b>Logged in Accounts:</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>Date:</b>
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**Logged By:****Refund Processed**

<b>Formal letter sent:</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>Date:</b>
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**Sent By:****Appeal of Decision**

<b>Appeal Lodged:</b>	<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>	<b>Date:</b>
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**Appeal Details/Comments:**


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