

STUDENT REFUND APPLICATION



Student Details				
Course Name:	Family Name:	Given Name:		
Email:	Phone:	Mobile:		
Postal Address:	Postcode:	State/ Country:		
Reason for Refund/ Cancellation (**Documentary evidence must be attached).				
<input type="checkbox"/> Credit Transfer/ RPL Approved	<input type="checkbox"/> Medical**	<input type="checkbox"/> Visa Rejection**	<input type="checkbox"/> Other**	
If cancellation of enrolment, date you wish the cancellation to take effect. Date: / /				
(Please note that if payments are being made using debit success, it may take up to 7 days to process your cancellation).				
If refund please refer to refund policy as to when you will be notified regarding a decision				
Account Details (if approved all funds will be processed back to the original credit card or bank account that funded your deposit/payment unless written instruction has been received from the original account holder. Details below must be those of the original account holder)				
Refund Payable to:				
<input type="checkbox"/> Direct Bank Account Deposit:	<input type="checkbox"/> Account Holder Name:	BSB:	Account Number:	
<input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	Name on Card:	Card Number:	CCV:	Expiry Date: / /
Third Party Details (**This section must be completed if the refund is to be paid to a third party. Third Party refunds MUST be in writing and signed by the original account holder that funded the deposit/ payment).				
<input type="checkbox"/> Organisation <input type="checkbox"/> Individual	ABN / Date of Birth:	Name:		
Email Address:	Phone:	Mobile:		
Postal Address:	State/ Country:	Postcode:		
Acknowledgment				
<input type="checkbox"/> I confirm I have read and I understand the information contained in the Student Handbook regarding cancellation and fees. <input type="checkbox"/> I acknowledge that if I reapply for the course in the future that my application is considered a new application. <input type="checkbox"/> I certify the information on this form is correct and complete.				Student Signature:
Office Use Only				
Eligible for refund: <input type="checkbox"/> Yes <input type="checkbox"/> No	Account Balance / Pro Rata Refund Approved: \$	Less Administration Fee (if applicable): \$		
Total Refund to be Paid: \$	Date Processed: / /	Refund Authorised by: (Name)		
Authorised Officer Signature:	Date: / /	Additional Notes:		

**Documentary evidence must be attached

NOTE: All refunds are subject to the terms and conditions outlined in the Industry Pathways refund policy. Lodging a refund request does not automatically imply that a refund will be granted. Each refund request will be individually assessed for eligibility. An administration fee may be applicable.